

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED


04 APR 21 PM 3:18

SECRETARY OF STATE
TALLAHASSEE FLORIDA

66415710



04012004 Chg-NP CR2E037 (10/03)

DOCUMENT # 727344					
1. Entity Name VILLAGE OF BRIDGEWOOD ASSOCIATION, INC.					
Principal Place of Business 2400 BRIDGEWOOD DR. BOCA RATON, FL 33434			Mailing Address 2400 BRIDGEWOOD DR. BOCA RATON, FL 33434		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1506970	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MEYER, CAROL J JR 2400 BRIDGEWOOD DR BOCA RATON, FL 33434			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	FL	Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <u>Carol J Meyer</u> Carol Meyer Registered Agent 4/7/4 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STONE, LEWIS 2707 BRIDGEWOOD CIRCLE BOCA RATON, FL 33434	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000033800030 04/26/04--01010--016 ***428.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROTH, HARVEY 1952 BRIDGEWOOD DR BOCA RATON, FL 33434	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACQUES, PATRICK 7021 BRIDGEWOOD DR. BOCA RATON, FL 33434	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THOMPSON, ARTHUR 1624 BRIDGEWOOD DR BOCA RATON, FL 33434	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ISAACS, JOSEPH 2310 BRIDGEWOOD DRIVE BOCA RATON, FL 33434	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZIMMERMAN, RICHARD 503 BRIDGEWOOD COURT BOCA RATON, FL 33434	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hayman, ROBERT 404 Bridgewood Court Boca Raton FL 33434	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Carol J Meyer</u> 4/7/4 561 483 7133 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					
<u>Harvey Roth</u> HARVEY ROTH 4.16.04 561.488.0913					