

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2008 08:00 A**  
**Secretary of State**

**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



03132008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1506970	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

MEYER, CAROL J JR  
2400 BRIDGEWOOD DR  
BOCA RATON, FL 33434

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

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04/22/08-80030-014 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARON, ALVIN 2206 BRIDGEWOOD DRIVE BOCA RATON, FL 33434
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SIEGELMAN, MARILYN 810 BRIDGEWOOD DRIVE BOCA RATON, FL 33434
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STONE, LEWIS 2707 BRIDGEWOOD DRIVE BOCA RATON, FL 33434
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WEISMAN, MATHEW 1615 BRIDGEWOOD DRIVE BOCA RATON, FL 33434
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZIMMERMAN, EVIE 503 BRIDGEWOOD COURT BOCA RATON, FL 33434
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROTH, HARVEY 1952 BRIDGEWOOD DRIVE BOCA RATON, FL 33434
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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.708

Date

561.483.7133

Daytime Phone #