


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
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03132008 No Chg-NP CR2E037 (4/06)

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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

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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008

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

000000288848
 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SIEGELMAN, MARILYN 810 BRIDGEWOOD DRIVE BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STONE, LEWIS 2707 BRIDGEWOOD DRIVE BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WEISMAN, MATHEW 1615 BRIDGEWOOD DRIVE BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZIMMERMAN, EVIE 503 BRIDGEWOOD COURT BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROTH, HARVEY 1952 BRIDGEWOOD DRIVE BOCA RATON, FL 33434

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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: Carol Meyer *Registered Agent*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4.7.08 Daytime Phone #: 561.483.7133