



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90355 016 ****61.25

DOCUMENT # 727346					
1. Entity Name BRIDGEWOOD TOWNHOUSE CONDOMINIUM I ASSOCIATION, INC.					
Principal Place of Business 2400 BRIDGEWOOD DR. BOCA RATON, FL 33434		Mailing Address 2400 BRIDGEWOOD DR. BOCA RATON, FL 33434		60029411	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip			
City & State		City & State		01182006 Chg-NP CR2E037 (11/05)	
Zip		Country		4. FEI Number 59-1508067	
Country		Country		Applied For Not Applicable	
Country		Country		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 _____					
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, 2006		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	<i>President</i>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Ad	
NAME	NATH, JACK		NAME		
STREET ADDRESS	902 BRIDGEWOOD DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33434		CITY-ST-ZIP		
TITLE	<i>Secretary</i>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Ad	
NAME	SIEGELMAN, MARILYN		NAME		
STREET ADDRESS	810 BRIDGEWOOD PLACE		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33434		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<i>Vice President</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Ad	
NAME	JACQUES, PATRICK		NAME	<i>Dwight Eisen</i>	
STREET ADDRESS	702 BRIDGEWOOD DR		STREET ADDRESS	<i>907 Bridgewood Place</i>	
CITY-ST-ZIP	BOCA RATON, FL 33434		CITY-ST-ZIP	<i>Boca Raton FL 33434</i>	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<i>Director</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Ad	
NAME	FERSHKO, GLORIA		NAME	<i>Gerald Kolnick</i>	
STREET ADDRESS	1301 BRIDGEWOOD DR.		STREET ADDRESS	<i>1007 Bridgewood Place</i>	
CITY-ST-ZIP	BOCA RATON, FL 33434		CITY-ST-ZIP	<i>Boca Raton FL 33434</i>	
TITLE	<i>Treasurer</i>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Ad	
NAME	MANNIX, RICHARD		NAME		
STREET ADDRESS	1306 BRIDGEWOOD DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33434		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Ad	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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, changed, or on an attachment with an address, with all other like empowered.

Carol J. Meyer