

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-24-2006 90355 015 ****61.25

DOCUMENT # 727347

1. Entity Name
**BRIDGEWOOD MID-RISE CONDOMINIUM I
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

01182006

Chg-NP

CR2E037 (11/05)

4. FEI Number
59-1508070

Applied For
Not Applied

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VD** ☐ Delete
NAME **TAYLOR, JOYCE**
STREET ADDRESS **1672 BRIDGEWOOD DR.**
CITY-ST-ZIP **BOCA RATON, FL 33434**

TITLE **PD** ☐ Delete
NAME **WEISMAN, MATHEW**
STREET ADDRESS **1615 BRIDGEWOOD DR.**
CITY-ST-ZIP **BOCA RATON, FL 33434**

TITLE **SD** ☐ Delete
NAME **SIEGEL, FRIEDA**
STREET ADDRESS **1575 BRIDGEWOOD DR**
CITY-ST-ZIP **BOCA RATON, FL 33434**

TITLE **PD** ☒ Delete
NAME **THOMPSON, ARTHUR**
STREET ADDRESS **1624 BRIDGEWOOD DR.**
CITY-ST-ZIP **BOCA RATON, FL 33434**

TITLE **DT** ☐ Delete
NAME **SIMMONS, WILLIAM**
STREET ADDRESS **1732 BRIDGEWOOD DR**
CITY-ST-ZIP **BOCA RATON, FL 33434**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Ad
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Ad
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Ad
NAME **Director Elizabeth Jakobson**
STREET ADDRESS **1534 Bridgewood Drive**
CITY-ST-ZIP **Boca Raton FL 33434**

TITLE ☐ Change ☐ Ad
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Ad
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Ad
NAME
STREET ADDRESS
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.

SIGNATURE

Carol Meyer