

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

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

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**



03132008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-1508070

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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**

1000000938841
04/22/08-80030-011 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
WEISMAN, MATHEW
1615 BRIDGEWOOD DRIVE
BOCA RATON, FL 33434**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
TAYLOR, JOYCE
1672 BRIDGEWOOD DRIVE
BOCA RATON, FL 33434**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
SIEGEL, FRITZI
1575 BRIDGEWOOD DRIVE
BOCA RATON, FL 33434**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
SIMMONS, WILLIAM
1732 BRIDGEWOOD DRIVE
BOCA RATON, FL 33434**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WELLMAN, BERT
1715 BRIDGEWOOD DRIVE
BOCA RATON, FL 33434**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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

Date

Daytime Phone #

4-7-08

561-483-7133