


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 729690	
1. Entity Name BRIDGEWOOD MID-RISE CONDOMINIUM II ASSOCIATION, INC.	

Principal Place of Business 2400 BRIDGEWOOD DR. BOCA RATON, FL 33434-4121	Mailing Address 2400 BRIDGEWOOD DR. BOCA RATON, FL 33434-4121
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03132008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1644367	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

**CAROL J MEYER 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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000325232 04/22/08-80030-010 61.25
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10. OFFICERS AND DIRECTORS

TITLE P	NAME SPIEGELMAN, GERALD
STREET ADDRESS 1963 BRIDGEWOOD DRIVE	CITY-ST-ZIP BOCA RATON, FL 33434
TITLE VP	NAME KOLCHIN, BILL
STREET ADDRESS 1842 BRIDGEWOOD DR	CITY-ST-ZIP BOCA RATON, FL 33434
TITLE 2 VP	NAME SHURE, LOUISE
STREET ADDRESS 1844 BRIDGEWOOD DRIVE	CITY-ST-ZIP BOCA RATON, FL 33434
TITLE S	NAME ROSENTHAL, JOAN
STREET ADDRESS 1872 BRIDGEWOOD DRIVE	CITY-ST-ZIP BOCA RATON, FL 33434
TITLE T	NAME ROTH, HARVEY
STREET ADDRESS 1952 BRIDGEWOOD DRIVE	CITY-ST-ZIP BOCA RATON, FL 33434
TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP

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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 J Meyer *Registered Agent* **4-7-08** **561.483.7133**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #