2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007 8:00 am
Secretary of State
01-18-2007 90090 007 ****61.25

DOCUMENT # 743341

1. Entity Name
BRIDGEPORT TOWNHOUSE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2987 BRIDGEPORT AVE COCONUT GROVE, FL 33133	2987 BRIDGEPORT AVE COCONUT GROVE, FL 33133

01112007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-1847333
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CULLEN, SARAH D
2987 BRIDGEPORT AVE
COCONUT GROVE, FL 33133

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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: SARAH D. CULLEN, PD Sarah D. Cullen, PD 1/12/2007
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, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CULLEN, SARAH D
STREET ADDRESS	2987 BRIDGEPORT AVE
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	VD
NAME	AQUILAR, JOSE R
STREET ADDRESS	2989 BRIDGEPORT AVE.
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	SD
NAME	OGUNDIRAN, LEA & AKIN
STREET ADDRESS	2985 BRIDGEPORT AVE
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: Sarah D. Cullen, President