

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743341

FILED
Jan 12, 2009
Secretary of State

Entity Name: BRIDGEPORT TOWNHOUSE ASSOCIATION, INC.

Current Principal Place of Business:

2987 BRIDGEPORT AVE.
COCONUT GROVE, FL 33133

New Principal Place of Business:

Current Mailing Address:

2987 BRIDGEPORT AVE.
COCONUT GROVE, FL 33133

New Mailing Address:

FEI Number: 59-1847333

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CULLEN, SARAH D PRES.
2987 BRIDGEPORT AVE
COCONUT GROVE, FL 33133 US

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.

SIGNATURE: SARAH CULLEN

01/12/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CULLEN, SARAH D
Address: 2987 BRIDGEPORT AVE
City-St-Zip: COCONUT GROVE, FL 33133

Title: VD () Delete
Name: AQUILAR, JOSE R
Address: 2989 BRIDGEPORT AVE.
City-St-Zip: COCONUT GROVE, FL 33133

Title: SD () Delete
Name: OGUNDIRAN, LEA & AKIN
Address: 2985 BRIDGEPORT AVE
City-St-Zip: COCONUT GROVE, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CULLEN, SARAH D PRES.
Address: 2987 BRIDGEPORT AVE
City-St-Zip: COCONUT GROVE, FL 33133

Title: VD (X) Change () Addition
Name: AQUILAR, JOSE R V.PRES.
Address: 2989 BRIDGEPORT AVE.
City-St-Zip: COCONUT GROVE, FL 33133

Title: SD (X) Change () Addition
Name: OGUNDIRAN, LEA & AKIN SEC.
Address: 2985 BRIDGEPORT AVE
City-St-Zip: COCONUT GROVE, FL 33133

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SARAH CULLEN

PRES

01/12/2009

Electronic Signature of Signing Officer or Director

Date