


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 29, 2008 8:00 am**  
**Secretary of State**

02-29-2008 90018 025 \*\*\*\*61.25

<b>DOCUMENT # 758535</b> 1. Entity Name <b>BRIDGEPORT CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>501 GULF DRIVE N. BRADENTON BEACH, FL 34217-US</b>			Mailing Address <b>4672 FRUIT VILLA RD SARASOTA, FL 34232 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>4301 32ND ST W</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>A-20</b>			
City & State		City & State <b>BRADENTON FLORIDA</b>			
Zip	Country	Zip <b>34205</b>	Country	4. FEI Number <b>59-2170307</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>C&amp;S CONDO MGMT 4301 32ND ST W #A20 BRADENTON, FL 34203</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>KALLIS, ZACHARY</b> <b>9213 18TH DRIVE NW</b> <b>BRADENTON, FL 34209</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>DUBROWSKI, MR. ALBERT</b> <b>1241 GULF OF MEXICO #903</b> <b>LONGBOAT KEY, FL 34228</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>Dombrowski Albert</b> <b>1241 Gulf of Mexico Pk #903</b> <b>LONGBOAT KEY, FL. 34228</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HUGENBURG, VICKI</b> <b>501 GULF DR. N. #303</b> <b>BRADENTON BEACH, FL 34217</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HUGENBURG, Vicki</b> <b>501 Gulf Drive #303</b> <b>BRADENTON BEACH, FL 34217</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>OUELLETTE, RICHARD</b> <b>501 GULF DRIVE N # 113</b> <b>BRADENTON BEACH, FL 34218</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>OUELLETTE, RICHARD</b> <b>501 GULF DRIVE #113</b> <b>BRADENTON BEACH, FL 34217</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MILLAR, MELVIN</b> <b>501 GULF DR. N. #205</b> <b>BRADENTON BEACH, FL 34217</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MILLER Melvin</b> <b>501 GULF DR. #205</b> <b>BRADENTON BEACH, FL. 34217</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <u>Melvin R. Miller Treasurer</u> <span style="float: right;">2/14/08</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					