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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 761265

1. Corporation Name
BRIDGEPORT VILLAS CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
3586 C MAIN HIGHWAY COCONUT GROVE FL 33133	P.O. BOX 330501 COCONUT GROVE FL 33233-0501

2. Principal Place of Business 21 3095 BIRD AVE	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/30/1981
Suite, Apt. #, etc. 22 —	Suite, Apt. #, etc. 27	4. FEI Number 59-2359785 ☐ Applied For ☐ Not Applicable
City & State 23 COCONUT GROVE, FL	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 24 33133 25 USA	Zip / Country 29 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

TRIAY, CARLOS A ESQ.
999 PONCE DE LEON BLVD
SUITE 1110
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: Janet Earlene McCoy
82 Street Address (P.O. Box Number is Not Acceptable): 3095 BIRD AVE.
83
84 City: Coconut Grove, FL FL 85 Zip Code: 33133

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Janet Earlene McCoy DATE: 5/17/99
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	NEGAS, MARIA		1.2 NAME		
STREET ADDRESS	2991 BRIDGEPORT AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROVE FL 33131		1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SACHSE, LYNN		2.2 NAME		
STREET ADDRESS	2995 BRIDGEPORT AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROVE FL 33133		2.4 CITY-ST-ZIP		
TITLE	STD	☒ DELETE	3.1 TITLE	Secretary - Treasurer (STD)	☐ Change ☒ Addition
NAME	RADFORD, JOAN		3.2 NAME	Janet Earlene McCoy	
STREET ADDRESS	3586 C MAIN HWY		3.3 STREET ADDRESS	3095 Bird AVE	
CITY-ST-ZIP	COCONUT GROVE FL 33133		3.4 CITY-ST-ZIP	Coconut Grove, FL 33133	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Janet Earlene McCoy SIGNATURE REQUIRED 4/28/99 305-445-7114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JANET EARLENE McCOY