## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 26, 2004 8:00 am Secretary of State

DOCUMENT # 761265  1. Entity Name BRIDGEPORT VILLAS CONDOMINIUM, INC.					0	1-26-2004	_		51.25	
Principal Place of Business THE FOSTER COMPANY 12394 SW 82 AVE MIAMI, FL 33156 US		Mailing Address TFC PO BOX 565820 PINECREST, FL 33256 US								
2. Principal Place of Business		3. Mailing Address						<b>                                    </b>		
Suite, Apt. #, etc.		123945W 82 Ave				g-NP	CR2E03	7 (10/03)		
City & State		Hitam, FL			4. FEI Number 59-2359785	5		No	plied For t Applicable	
* Zip		<sup>Zip</sup> 33154	Country C	15	5. Certificate of Sta			\$8.75 Add Fee Required	litional -	
6- Name	and Address of Current Regist	ered Agent	Name		.7. Name and Addr	ess of New R	legistered A	\gent	6. <del></del>	
SCOTT, F JOSEPH 12394 SW 82 AVENUE			<u> </u>	Street Address (P.O. Box Number is Not Acceptable)						
MIAMI, FL 33156							<u>.</u>	<u>.</u>		
			City		FL Zip Code			Э .		
8. The above named entity the obligations of registe	r submits this statement for the purered agent.	urpose of changing its	s registered office	e or register	red agent, or both, in t	he State of Flo	orida. I am I	familiar with,	and accept	
SIGNATURE Signature Nond	or printed name of registered agent and title if	applicable (NO	TE: Registered Agent sig	noature requirer	1 when reinstating)		DATE	<del></del>	<del></del>	
Filing Fee is \$61.25 9. Election Campaign Financing										
Filing Fee	e is \$61.25	9. Election Ca			<u></u>	M	•	c payable to	· · · · · · · · · · · · · · · · · · ·	
Due by M	ay 1, 2004	Trust Fund	impaign Financin Contribution.	g	\$5.00 May Be Added to Fees	Flor	lake checi ida Depar	tment of Si	tate	
Due by M	officers and directo	Trust Fund	ımpaign Financin	g	\$5.00 May Be	Flor	lake checi ida Depar	tment of Si	tate	
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12. The Sectify 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 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: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0/17/04

305-567-9099