2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Amended **DOCUMENT #761265** 04 SEP 13 AM 11: 20 BRIDGEPORT VILLAS CONDOMINIUM, INC. SECRETARY OF STATE TALLAHASSIE, FLORIDA Mailing Address Principal Place of Business THE FOSTER COMPANY TFC 12394 SW 82 AVE 12394 SW 82 AVE MIAMI, FL 33156 MIAMI, FL 33156 2. Principal Place of Büsiness 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. 09012004 Chg-NP CR2E037 (10/03) 4. FEI Number 59-2359785 City & State City & State Applied For Not Applicable 7in Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SCOTT, F JOSEPH 12394 SW 82 AVENUE Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33156 City Zip Code FI 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. TREDIDETIT/DIRECTOR TITLE PD TITLE ☐ Change Addition 🗷 Delete LYNN SACHSE SUPIK, MARIA NAME NAME 1995 BAISGEPART AVE COCONUT GROVE FL 33135 SECRETARY / DIRECTOR/TREASURE Change 2991 BRIDGEPORT AVENUE STREET ADDRESS STREET ADDRESS COCONUT GROVE, FL 33131 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE WILLAM ANGERSONS 3095 BIAN AVE IGNACIO, GORIS NAME NAME 2993 BRIDGESPORT AVE. STREET ADDRESS STREET ADDRESS auconul GRose, FL 29133 CITY-ST-ZIP MIAMI, FL 33133-CITY-ST-ZIP P-D ENNIFER BARNES ENNIFER BARNES OPP BIRD AVENUE FL 33 VPD Delete TITLE Addition TITLE Change PIERRE, ETCHEVERRY NAME NAME STREET ADDRESS 3091 BIRD AVE. _ STREET ADDRESS COCONUT GROVE, FL 33133 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME 000041132470 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <u> 09/17/04--01086--013</u> **61. ☐ Addition TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 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 attachgment with an address, with all other like empowered.

9-7-04 305441 6576
Date Dayline Phone #