2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# 761265

Entity Name: BRIDGEPORT VILLAS CONDOMINIUM, INC.

Current Principal Place of Business:

9000 SW 152ND STREET
#102
MIAMI, FL 33157 US

New Principal Place of Business:

Current Mailing Address:

9000 SW 152ND STREET
#102
MIAMI, FL 33157 US

New Mailing Address:

FEI Number: 59-2359785 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCOTT, F JOSEPH
9000 SW 152ND STREET #102
MIAMI, FL 33157 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: COMPEL, CORBETT
Address: 2449 BRIDGEPORT AVE
City-St-Zip: COCONUT GROVE, FL 33133

Title: TD ( ) Delete
Name: KARSTETTER, AARON
Address: 2991 BRIDGEPORT AVE
City-St-Zip: COCONUT GROVE, FL 33133

Title: PD ( ) Delete
Name: IANACIO, GORIS
Address: 2993 BRIDGEPORT AVE
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change ( ) Addition
Name: COMPEL, SEAN
Address: 2999 BRIDGEPORT AVE
City-St-Zip: COCONUT GROVE, FL 33133

Title: PD (X) Change ( ) Addition
Name: KARSTETTER, AARON
Address: 2991 BRIDGEPORT AVE
City-St-Zip: COCONUT GROVE, FL 33133

Title: D (X) Change ( ) Addition
Name: SCINTO, LEONARDO J
Address: 3091 BIRD AVE
City-St-Zip: MIAMI, 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: AARON KARSTETTER PD 03/20/2009

Electronic Signature of Signing Officer or Director Date