


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90084 038 \*\*\*\*61.25

<b>DOCUMENT # N00000002109</b>					
<b>1. Entity Name</b> BRIDGEPORT AT BAYWINDS NEIGHBORHOOD ASSOCIATION, INC.					
<b>Principal Place of Business</b> PHOENIX MANAGMENT 3082 JOG ROAD LAKE WORTH, FL 33467			<b>Mailing Address</b> PHOENIX MANAGMENT 3082 JOG ROAD LAKE WORTH, FL 33467		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-1046106	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  ROSENTHOL, DAVID C 3082 JOG ROAD LAKE WORTH, FL 33467			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> <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>		
<b>TITLE</b> SD <b>NAME</b> WINN, DAVID <b>STREET ADDRESS</b> 9380 SWANSEA LANE <b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33411	<input type="checkbox"/> Delete		<b>TITLE</b> VD <b>NAME</b> BABBIT, LOUIS <b>STREET ADDRESS</b> 2135 STONINGTON TERR. <b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33411	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> P <b>NAME</b> LEUTWYLER, ROBERT <b>STREET ADDRESS</b> 9422 BRIDGEPORT DRIVE <b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33411	<input type="checkbox"/> Delete		<b>TITLE</b> T <b>NAME</b> WEISS, ROBERT <b>STREET ADDRESS</b> 9418 BRIDGEPORT DRIVE <b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33411	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> VD <b>NAME</b> MIGLIORINI, ANNETTE <b>STREET ADDRESS</b> 9331 BRIDGE PORT DR. <b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33411	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> S <b>NAME</b> BERK, WILLIAM <b>STREET ADDRESS</b> 9359 SWANSEA LANE <b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33411	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> S <b>NAME</b> BABBIT, RENI <b>STREET ADDRESS</b> 2135 STONINGTON TERR <b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33411	<input checked="" type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> T <b>NAME</b> COHEN, MICHEAL <b>STREET ADDRESS</b> 9364 SWANSEA LANE <b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33411	<input checked="" type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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>					
<b>SIGNATURE:</b> <u>Robert Leutwyler</u> <b>ROBERT LEUTWYLER</b> <u>1/31/07</u> <u>561-383-6376</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					