

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2008 8:00 am**  
**Secretary of State**

01-28-2008 90036 024 \*\*\*\*61.25

**DOCUMENT # N00000002109**

1. Entity Name

**BRIDGEPORT AT BAYWINDS NEIGHBORHOOD  
ASSOCIATION, INC.**



Principal Place of Business  
**PHOENIX MANAGMENT  
3082 JOG ROAD  
LAKE WORTH, FL 33467**

Mailing Address  
**PHOENIX MANAGMENT  
3082 JOG ROAD  
LAKE WORTH, FL 33467**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01082008

Chg-NP

CR2E037 (12/06)

4. FEI Number  
**65-1046106**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**ROSENTHOL, DAVID C  
3082 JOG ROAD  
LAKE WORTH, FL 33467**

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WINN, DAVID	
STREET ADDRESS	9380 SWANSEA LANE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33411	
TITLE	P	<input type="checkbox"/> Delete
NAME	LEUTWYLER, ROBERT	
STREET ADDRESS	9422 BRIDGEPORT DRIVE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33411	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BABBIT, LOUIS	
STREET ADDRESS	2135 STONINGTON TERR	
CITY-ST-ZIP	WEST PALM BEACH, FL 33411	
TITLE	T	<input type="checkbox"/> Delete
NAME	WEISS, ROBERT	
STREET ADDRESS	9418 BRIDGEPORT DRIVE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33411	
TITLE	S	<input type="checkbox"/> Delete
NAME	BERK, WILLIAM	
STREET ADDRESS	9359 SWANSEA LANE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33411	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Howard Engel	
STREET ADDRESS	9457 Bridgeport Drive	
CITY-ST-ZIP	West Palm Beach, FL 33411	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Annette Migliorini	
STREET ADDRESS	9331 Bridgeport Drive	
CITY-ST-ZIP	West Palm Beach, FL 33411	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Robert L. Engel*  
1/16/08

Date

Daytime Phone #