

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005297

FILED  
Apr 30, 2007  
Secretary of State

**Entity Name:** BRIDGEBROOK SHORES PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2128 EL JOBEAN RD.  
PORT CHARLOTTE, FL 33948

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 64  
PLACIDA, FL 33946

**New Mailing Address:**

**FEI Number:** 16-1669080

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GUNDERSON, MIKO P  
1861 PLACIDA RD., STE. 204  
ENGLEWOOD, FL 342234949 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: PD ( ) Delete  
Name: LOMBARDO, STEVEN  
Address: 2128 EL JOBEAN ROAD  
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: VD ( ) Delete  
Name: EFSTATHIADES, E  
Address: 17 SPOONWOOD RD.  
City-St-Zip: WILTON, CT 06897

Title: STD ( ) Delete  
Name: TRACY, MARK  
Address: 529 MAGNOLIA AVE. NW  
City-St-Zip: PORT CHARLOTTE, FL 33952

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: STEVEN LOMBARDO

PD

04/30/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date