

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 25, 2006  
Secretary of State**

DOCUMENT# N03000005979

Entity Name: BRIDGEPORT GROVES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

3403 NW 82 AVE  
SUITE 105  
DORAL, FL 33122

**New Principal Place of Business:**

**Current Mailing Address:**

3403 NW 82 AVE  
SUITE 105  
DORAL, FL 33122

**New Mailing Address:**

FEI Number: 59-2536116      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

VELEZ, MAYRA  
3403 NW 82 AVE  
SUITE 105  
DORAL, FL 33122 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: VD      (X) Delete  
Name: PERERA, HUGO  
Address: 3403 NW 82 AVE, SUITE 105  
City-St-Zip: DORAL, FL 33122

Title: PD      ( ) Delete  
Name: VELEZ, MAYRA  
Address: 3403 NW 82 AVE, SUITE 105  
City-St-Zip: DORAL, FL 33122

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

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 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: MAYRA VELEZ

PD

04/25/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date