

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90180 022 ****61.25

DOCUMENT # N04116
 1. Entity Name
BRIDGEPOINT HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business % GUARANTEE MANAGEMENT SERVICES 111 FOUNTAINEBLEAU BLVD. MIAMI FL 33172-4507	Mailing Address % GUARANTEE MANAGEMENT SERVICES 111 FOUNTAINEBLEAU BLVD. MIAMI FL 33172-4507
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number 59-2489033	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
SKRLD, INC.
201 ALHAMBRA CIRCLE
SUITE 201
MIAMI FL 33134-9884

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME PD BENBOW, JOHN STREET ADDRESS 5530 SW 69TH PLACE CITY-ST-ZIP MIAMI FL 33155	<input type="checkbox"/> Delete
TITLE NAME VD WECHSBERG, FLORIENCE D STREET ADDRESS 7150 SW 55TH TERR W CITY-ST-ZIP MIAMI FL 33155	<input type="checkbox"/> Delete
TITLE NAME SD FURLAN, MAUREEN D STREET ADDRESS 7140 SW 70TH PLACE NORTH CITY-ST-ZIP MIAMI FL 33155	<input checked="" type="checkbox"/> Delete
TITLE NAME TD GREEN, TOM STREET ADDRESS 5470 SW 70TH PLACE NORTH CITY-ST-ZIP MIAMI FL 33155	<input type="checkbox"/> Delete
TITLE NAME D PARSONS, THEODORE STREET ADDRESS 6931 SW 55TH TERR EAST CITY-ST-ZIP MIAMI FL 33155	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME SD KERDYK, Kim STREET ADDRESS 5531 SW 70th PLACE South CITY-ST-ZIP MIAMI, FL 33155	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED 01/26/2000 (305)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)