

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 29, 2012
Secretary of State

DOCUMENT# N11000005680

Entity Name: THE BRIDGES HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**1600 SAWGRASS CORPORATE PARKWAY
SUITE 400
SUNRISE, FL 33323**New Principal Place of Business:****Current Mailing Address:**1600 SAWGRASS CORPORATE PARKWAY
SUITE 400
SUNRISE, FL 33323**New Mailing Address:****FEI Number:** 45-2520104**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HELFMAN, STEVEN M ESQ.
1600 SAWGRASS CORPORATE PARKWAY
SUITE 400
SUNRISE, FL 33323 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
Name: MUSCARELLA, NICOLE
Address: 1600 SAWGRASS CORPORATE PARKWAY, SUITE 400
City-St-Zip: SUNRISE, FL 33323

Title: VP
Name: COURSON, RYAN
Address: 1600 SAWGRASS CORPORATE PARKWAY, SUITE 400
City-St-Zip: SUNRISE, FL 33323

Title: VPSD
Name: DEPLAZA, MARCIE
Address: 1600 SAWGRASS CORPORATE PARKWAY, SUITE 400
City-St-Zip: SUNRISE, FL 33323

Title: T
Name: MENENDEZ, N. MARIA
Address: 1600 SAWGRASS CORPORATE PARKWAY, SUITE 400
City-St-Zip: SUNRISE, FL 33323

I hereby 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 all other like empowered.

SIGNATURE: N. MARIA MENENDEZ

T

08/29/2012

Electronic Signature of Signing Officer or Director

Date