

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27052

1. Entity Name

BRIDGEWATER AT PLANTATION COMMUNITY ASSOCIATION

Principal Place of Business

Mailing Address

318 Indian Trace Rd
#107
WESTON FL 33326

318 Indian Trace Rd
#107
WESTON FL 33326

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0101973

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAKALAR, SUSAN P. P.A.
2240 SW 70TH AVENUE
UNIT D
DAVE FL 33317

Name

CHERYL J. LEVIN P.A.

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

4694 NW 103 AVENUE

City

SUNRISE

FL

Zip Code

33351

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

CHERYL J. LEVIN, ESQ.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/30/01

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	☒ Delete
NAME	CHILDREE, RON	
STREET ADDRESS	10310 NW 11TH ST	
CITY - ST - ZIP	PLANTATION FL	
TITLE	D	☐ Delete
NAME	GREENFIELD, JEFFREY	
STREET ADDRESS	10340 NW 10TH COURT	
CITY - ST - ZIP	PLANTATION FL 33322	
TITLE	V.P.D.	☐ Delete
NAME	ALPERT, MAISY	
STREET ADDRESS	1170 NW 108 Terrace	
CITY - ST - ZIP	PLANTATION FL 33322	
TITLE	SD	☐ Delete
NAME	FORREY, JAMES	
STREET ADDRESS	10361 NW 10TH ST	
CITY - ST - ZIP	PLANTATION FL 33322	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☒ Change ☐ Addition
NAME	GREENFIELD, JEFFREY	
STREET ADDRESS	10340 NW 10TH COURT	
CITY - ST - ZIP	PLANTATION FL 33322	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:

Jeffrey H Greenfield Jeffrey H Greenfield 8/1/01 954-473-4450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

01 AUG -8 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E037 (11/00)