

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90151 009 ****61.25

DOCUMENT # N27052

1. Entity Name

BRIDGEWATER AT PLANTATION COMMUNITY ASSOCIATION, INC.



Principal Place of Business

310 INDIAN TRACE ROAD
#107
WESTON FL 33326
US

Mailing Address

310 INDIAN TRACE ROAD
#107
WESTON FL 33326
US

2. Principal Place of Business

3300 University Dr.
Suite, Apt. #, etc.
#405

3. Mailing Address

3300 University Dr.
Suite, Apt. #, etc.
#405

City & State

Coral Springs, FL

City & State

Coral Springs, FL

Zip

33065

Country

USA

Zip

33065

Country

USA

6. Name and Address of Current Registered Agent

LEVIN, CHERYL J
4694 NW 103 AVENUE
SUNRISE FL 33351

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **FORREY, JAMES**
STREET ADDRESS **10381 NW 10TH STREET**
CITY-ST-ZIP **PLANTATION FL 33322**

TITLE **VD** ☐ Delete
NAME **GREENFIELD, JEFFREY**
STREET ADDRESS **10340 NW 10TH COURT**
CITY-ST-ZIP **PLANTATION FL 33322**

TITLE **D** ☒ Delete
NAME **ALPERT, MAISY**
STREET ADDRESS **1170 NW 108 TERRACE**
CITY-ST-ZIP **PLANTATION FL 33322**

TITLE **TD** ☒ Delete
NAME **BRODUER, JEFFREY**
STREET ADDRESS **1121 NW 105 WAY**
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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **sb** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Change ☒ Addition
NAME **Eisler, Edward**
STREET ADDRESS **10371 NW 11 St.**
CITY-ST-ZIP **Plantation, FL 33322**

TITLE **D** ☐ Change ☒ Addition
NAME **Battista, Lou**
STREET ADDRESS **10940 NW 10 St.**
CITY-ST-ZIP **Plantation, FL 33322**

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:

SIGNATURE REQUIRED

CR2E037 (10/02)