2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# N93000000884

Entity Name: BRIDGEPOINTE AT BROKEN SOUND CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

11784 W SAMPLE RD
CORAL SPRINGS, FL 33065 US

New Principal Place of Business:

11784 W SAMPLE RD
#103
CORAL SPRINGS, FL 33065 US

Current Mailing Address:

11784 W SAMPLE RD
CORAL SPRINGS, FL 33065 US

New Mailing Address:

11784 W SAMPLE RD
#103
CORAL SPRINGS, FL 33065 US

FEI Number: 65-0397797 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

UNITED COMMUNITY MGMT, CORP
11784 WEST SAMPLE RD
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

UNITED COMMUNITY MGMT, CORP
11784 WEST SAMPLE RD
#103
CORAL SPRINGS, FL 33065 US

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: RENEE CAMPBELL 03/20/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: COHN, BOBBI
Address: 2518 COCO PLUM BLVD #1204
City-St-Zip: BOCA RATON, FL 33496

Title: VTD ( ) Delete
Name: DELFIRER, MARVIN
Address: 2584 COCO PLUM BLVD #102
City-St-Zip: BOCA RATON, FL 33496

Title: SD ( ) Delete
Name: CORWIN, BARBARA
Address: 2542 COCO PLUM BLVD #802
City-St-Zip: BOCA RATON, FL

Title: PD ( ) Delete
Name: GREENWALD, RICHARD
Address: 2560 COCO PLUN BLVD. #503
City-St-Zip: BOCA RATON, FL

Title: D ( ) Delete
Name: DRUCKMAN, RALPH
Address: 2524 CCOCPLUM BLVD., #1102
City-St-Zip: BOCA RATON, FL 33496

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPTD (X) Change ( ) Addition
Name: DELFIRER, MARVIN
Address: 2584 COCO PLUM BLVD #102
City-St-Zip: BOCA RATON, FL 33496

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 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: MARY LOU PALMER AGT 03/20/2009
Electronic Signature of Signing Officer or Director Date