## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N93000000891 (2)

## **FILED** May 05 1998 8:00am Secretary of State

Pr	BRIDGES		MERICA - THE SAN		BRIDGE, INC.				
2055 MERCY DR ORLANDO FL 32808-5629 US				2055 MERCY DR ORLANDO FL 32808-5629 US					3. Date Incorporated or Qualified  02/22/1993 4. FEI Number Applied For Not Applicable
┝━¬	Principal Place of Business			—	28. Mailing Address				5. Certificate of Status Desired \$8.75 Additional
21	Suite, Apt. #, etc.			26	Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
23	City & State				City & State				7. Is this nonprofit corporation a homeowners association?
24	Zip ]		Country 25	29	Zip	30 Co	untry	,	8. This corporation owes or has paid the current/year Intangible Personal Property Tax due June 30.  Yes  No
9. Name and Address of Current Registered Agent						81		10. Name and Address of New Registered Agent	
11	COSTANTINO, FRANK 2055 MERCY DR ORLANDO FL 32808-5629  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authorizingent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.						63 64 above	City	t Address (P.O. Box Number is Not Acceptable)  FL 85 Zip Code  d corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Age							mi signature	re required when reinstating) DATE	
12. OFFICERS AND DIRECTORS 13.							<u> </u>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
STF	TREET ADDRESS	D COSTANTINO, FRANK 5519 BAYSIDE DRIVE ORLANDO FL		-	☐ DELETE		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		Change LPAddition
TITI		D			DELETE		2.1 TITLE		Change Addition
NAJ	I	_	MCMURTY, GRADY			2.2 NAME		3 0.00.00	
STR		4696 HALL RD.				235		ADDRESS	
		ORLANDO FL 32817			Dr. ree		2.4 CITY-ST-ZIP		
TIT!	ME	D Brown,			DELETE	3.1 T 3.2 N			Thange Addition
-			BNTY-RD:-685A NT-FI-34211			3.3 S	TREET	ADDRESS	625 White -O- Will have

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or or an attachment with an address.

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

27 Lake Hamilton Beach

4.4 CITY-ST-ZIP

SIGNATURE:

HARRISON, BEN

CLERMONT FL

PO BOX 1189 NA, RTE 1

POITRAS, EDWARD W

HAINES CITY FL 33844

27-8 THOORE-RD:

TITLE

NAME

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

DELETE

■ DELETE

DELETE

Addition

Addition

☐ Change