

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000001065 (1)

1. Corporation Name

2952/2954 BRIDGEPORT AVENUE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

21 SE 1 AVE  
MIAMI FL 33131

21 SE 1 AVE  
MIAMI FL 33131

3. Date Incorporated or Qualified  
03/03/1994

3a. Date of Last Report  
04/05/1995

2. Principal Place of Business

2a. Mailing Address

21 2952 BRIDGEPORT AVENUE

26 2952 BRIDGEPORT AVENUE

4. FEI Number

APPLIED FOR 65-0656662

Applied For Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 MIAMI FL

28 MIAMI FL

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 33133

25 USA

29 33133

30 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~BRENNER, RICHARD M  
21 SE 1 AVE  
MIAMI FL 33131~~

81 Name JOHN SCOTT

82 Street Address (P.O. Box Number is Not Acceptable)  
2952 BRIDGEPORT AVENUE

83 COCONUT GROVE

84 City MIAMI FL 85 Zip Code 33133

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

20 MARCH 1996

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PSD	<input checked="" type="checkbox"/> DELETE
NAME	CHARLI ADI	
STREET ADDRESS	21 SE 1 AVE	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	VTD	<input checked="" type="checkbox"/> DELETE
NAME	MATHIEU, JOE JR.	
STREET ADDRESS	21 SE 1 AVE	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	R	<input checked="" type="checkbox"/> DELETE
NAME	BRENNER, RICHARD M	
STREET ADDRESS	21 SE 1 AVE	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ERIC SACHIT	
1.3 STREET ADDRESS	2954 BRIDGEPORT AVE	
1.4 CITY-ST-ZIP		
2.1 TITLE	EDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JOHN SCOTT	
2.3 STREET ADDRESS	2952 BRIDGEPORT AVE	
2.4 CITY-ST-ZIP	MIAMI FL 33133	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JOAN GOLDRICH	
3.3 STREET ADDRESS	2952 BRIDGEPORT AVE	
3.4 CITY-ST-ZIP	MIAMI FL 33133	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20 MARCH 305

Date Daytime Phone #

CR2E037 (12/95)