## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000004782

FILED Jul 06, 2007 Secretary of State

Entity Name: BRIDLEWOOD VILLAGE HOMEOWNERS ASSOCIATION, INC.

Surrent r	Principal Place of Business:	New Principal Place of Business:
P.O. BOX LAKE WC	541771 DRTH, FL 33454	6595 SMITH FARM BOULEVARD LAKE WORTH, FL 33467
Current N	Mailing Address:	New Mailing Address:
P.O. BOX LAKE WC	.541771 DRTH, FL 33454	6595 SMITH FARM BOULEVARD LAKE WORTH, FL 33467
n accordar	r: 65-0808470 FEI Number Applied For() nce with s. 607.193(2)(b), F.S., the corporation did d Address of Current Registered Agent:	•
301 YAMA NORTHE 30CA RA	AX + KLEIN ATO RD, SUITE 4150 RN TRUST PLAZA ATON, FL 33431 US	
	e named entity submits this statement for the te of Florida.	e purpose of changing its registered office or registered agent, or both,
SIGNATU		
	Electronic Signature of Registered	
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
Fitle: Name: Address: City-St-Zip:	P ( ) Delete LAMPERT, ALLAN 7868 AMBLESIDE WAY LAKE WORTH, FL 33467	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Fitle: Name: Address: City-St-Zip:	M ( ) Delete BARENBERG, JORDAN 7690 AMBLESI DR WAY LAKE WORTH, FL 33467	Title: S (X) Change ( ) Addition Name: BANNON, ROBIN Address: 7863 AMBLESIDE WAY City-St-Zip: LAKE WORTH, FL 33467
Fitle: Name: Nddress:	TD ( ) Delete ZUCKERMAN, GAIL 7863 AMBLESIDE WAY LAKE WORTH, FL 33467	Title: TD (X) Change ( ) Addition Name: ZUCKERMAN, GAIL Address: 7844 AMBLESIDE WAY City-St-Zip: LAKE WORTH, FL 33467
Jity-St-∠ip:		
City-St-Zip: Fitle: Name: Address: City-St-Zip:	BM () Delete ELIDES, TARRAGO 7952 AMBLESIDE WAY LAKE WORTH, FL 33467	Title: D (X) Change ( ) Addition Name: JARIMILLO, HUGO Address: 7905 AMBLESIDE WAY City-St-Zip: LAKE WORTH, FL 33467
Fitle: Name: Nddress:	ELIDES, TARRAGO 7952 AMBLESIDE WAY	Name: JARIMILLO, HÚGO Address: 7905 AMBLESIDE WAY

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: ALLAN LAMPERT P 07/06/2007