

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004782

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** BRIDLEWOOD VILLAGE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

6595 SMITH FARM BOULEVARD  
LAKE WORTH, FL 33467

**New Principal Place of Business:**

777 SOUTH FLAGLER DRIVE  
SUITE 800-WEST TOWER  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

6595 SMITH FARM BOULEVARD  
LAKE WORTH, FL 33467

**New Mailing Address:**

777 SOUTH FLAGLER DRIVE  
SUITE 800-WEST TOWER  
WEST PALM BEACH, FL 33401

**FEI Number:** 65-0808470

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SACHS SAX + KLEIN  
301 YAMATO RD, SUITE 4150  
NORTHERN TRUST PLAZA  
BOCA RATON, FL 33431 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LAMPERT, ALLAN  
Address: 7868 AMBLESIDE WAY  
City-St-Zip: LAKE WORTH, FL 33467

Title: S ( ) Delete  
Name: BANNON, ROBIN  
Address: 7863 AMBLESIDE WAY  
City-St-Zip: LAKE WORTH, FL 33467

Title: TD ( ) Delete  
Name: ZUCKERMAN, GAIL  
Address: 7844 AMBLESIDE WAY  
City-St-Zip: LAKE WORTH, FL 33467

Title: D ( ) Delete  
Name: JARIMILLO, HUGO  
Address: 7905 AMBLESIDE WAY  
City-St-Zip: LAKE WORTH, FL 33467

Title: D ( ) Delete  
Name: ORIGLIA, MICHAEL  
Address: 7944 AMBLESIDE WAY  
City-St-Zip: LAKE WORTH, FL 33467

Title: D ( ) Delete  
Name: COMAU, JEAN  
Address: 7500 AMBLESIDE WAY  
City-St-Zip: LAKE WORTH, FL 33467

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: SANDY BENNETT

MGR

04/30/2009

Electronic Signature of Signing Officer or Director

Date