

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000122298

1. Entity Name
BAINBRIDGE FAIRVIEW, INC.



Principal Place of Business
**12791 WEST FOREST HILL BLVD.
SUITE 5B
WELLINGTON, FL 33414**

Mailing Address
**12791 WEST FOREST HILL BLVD.
SUITE 5B
WELLINGTON, FL 33414**



04212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3663441

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SCHECHTER, RICHARD A
12791 WEST FOREST HILL BLVD.
SUITE 5B
WELLINGTON, FL 33414**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME SCHECHTER, RICHARD A
STREET ADDRESS 12791 WEST FOREST HILL BLVD., SUITE 5B
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE D
NAME MEAD, SHEILA
STREET ADDRESS 12791 WEST FOREST HILL BLVD., SUITE 5B
CITY-ST-ZIP WELLINGTON, FL 33414

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05/04/05-80023-004 158.75

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas Keedy 4/29/05 561 333 3669
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #