

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 29, 2001 8:00 am
Secretary of State

06-29-2001 90218 050 ****70.00

DOCUMENT # N00000003852
 1. Entity Name
BRIDGEWATER TOWNHOMES HOMEOWNERS ASSOCIATION OF

Principal Place of Business Mailing Address
840 PINELLAS BAYWAY **840 PINELLAS BAYWAY**
TIERRE VERDE FL 33715 **TIERRE VERDE FL 33715**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
65-1103036 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
HANSHAW, LYNN E
4215 39TH AVENUE SOUTH
ST. PETERSBURG FL 33711

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating)

9. Election Campaign Financing \$5.00 May Be Added to Fees
 Trust Fund Contribution
 Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	KATZ, SANFORD	
STREET ADDRESS	840 PINELLAS BAYWAY	
CITY-ST-ZIP	TIERRE VERDE FL 33715	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CRAMER, SCOTT	
STREET ADDRESS	800 PINELLAS BAYWAY	
CITY-ST-ZIP	TIERRE VERDE FL 33715	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BETTIG, GABRIELLE	
STREET ADDRESS	1117 PINELLAS BAYWAY, UNIT 207	
CITY-ST-ZIP	TIERRE VERDE FL 33715	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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: *Sanford Katz* Date: 5/24/01 Daytime Phone #: 727-867-6384
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)