


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90049 007 ****61.25

DOCUMENT # N0000003852
 1. Entity Name
BRIDGEWATER TOWNHOMES HOMEOWNERS ASSOCIATION OF MANATEE, INC.



Principal Place of Business
**1704 PT PLEASANT AVE W
 BRADENTON, FL 34205**

Mailing Address
**PO BOX 331
 BRADENTON, FL 34206**

40017894



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
4400 EL Conquistador Pkwy
 Suite, Apt. #, etc.

City & State
Bradenton FL

Zip
34210

Country
MANATEE

01272005 Chg-NP CR2E037 (10/03)

4. FEI Number
65-1103036

Applied For
 Not Applicable

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

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

7. Name and Address of New Registered Agent
 Name
Harmony Management
 Street Address (P.O. Box Number is Not Acceptable)
4400 EL Conquistador Pkwy
 City
Bradenton FL Zip Code
34210

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 *[Signature]* **Anna Kelly** (NOTE: Registered Agent signature required when reinstating) DATE **2/11/05**

Filing Fee is \$61.25 Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STACHO, DAVE 1706 PT PLEASANT AVE W BRADENTON, FL 34205 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HALE, LINDA 1602 POINT PLEASANT AVE. W. BRADENTON, FL 34205 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCGOULD, BARBARA 1614 POINT PLEASANT BRADENTON, FL 34205 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date _____ Daytime Phone # _____