


# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2008 NOV 21 PM 1:21


SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # N00000003852</b> 1. Entity Name <b>BRIDGEWATER TOWNHOMES HOMEOWNERS ASSOCIATION OF MANATEE, INC.</b>	
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Principal Place of Business <b>1704 PT PLEASANT AVE W BRADENTON, FL 34205</b>	Mailing Address <b>4400 EL CONQUISTADOR PARKWAY BRADENTON, FL 34210</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address <b>2425 Manatee Ave W</b>  Suite, Apt. #, etc.
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City & State  Zip	City & State <b>Bradenton, FL</b>  Zip <b>34205</b>	Country  Country <b>US</b>
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11112008	REIN-NP	CR2E099 (1/07)
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4. FEI Number <b>65-1103036</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  <b>SCOVANNER &amp; WHITTAKER, CPA'S 2425 MANATEE AVE, W BRADENTON, FL 34205</b>	7. Name and Address of New Registered Agent Name  Street Address (P.O. Box Number is Not Acceptable)  City  <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>
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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 \_\_\_\_\_ DATE \_\_\_\_\_

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

<b>FILE NOW!!! FEE IS \$61.25 After January 1, 2009, Fee will be \$122.50</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>STACHO, DAVE</b> <b>1706 PT PLEASANT AVE W</b> <b>BRADENTON, FL 34205</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>STOLL, TOM</b> <b>1704 PT PLEASANT AVE, W</b> <b>BRADENTON, FL 34205</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>MULLEN, JOHN</b> <b>450780 THUNDER BAY RD</b> <b>AFTON, OK 74331</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>GUTTENTAG, MARKX</b> <b>6909 67TH TERR, E</b> <b>BRADENTON, FL 34203</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <div style="text-align: center; font-size: 1.2em;"> <b>100132180901</b>  <b>11/21/08--01036--001 **\$1.25</b> </div>
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

REINSTATEMENT  
2008

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** \_\_\_\_\_ 11-18-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #