

FILED
Jul 09, 2002 8:00 am
Secretary of State

05-21-2002 91186 031 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000008435

1. Entity Name
BRIDGEWATER AT BAYSIDE LAKES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business: 712 PALMETTO AVE. MELBOURNE FL
Mailing Address: 712 PALMETTO AVE. MELBOURNE FL

2. Principal Place of Business: 3391 BAYSIDE LAKES BLVD
Suite, Apt. #, etc.
City & State: PALM BAY, FL
Zip: 32909

3. Mailing Address: Suite, Apt. #, etc. 3391 BAYSIDE LAKES BLVD
City & State: PALM BAY, FL
Zip: 32909

4. FEI Number: 27-009654
Applied For: 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
JEFFERIES, BENJAMIN
3391 BAYSIDE LAKES BLVD. SE
PALM BAY FL 32909

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: *Benjamin E. Jefferies* (NOTE: Registered Agent signature required when reinstating)
DATE: 4/30/02

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: DV NAME: GOATLEY, COLEMAN STREET ADDRESS: 3391 BAYSIDE LAKES BLVD., SE CITY-ST-ZIP: PALM BAY FL 32909	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DP NAME: JEFFERIES, BENJAMIN E STREET ADDRESS: 3391 BAYSIDE LAKES BLVD., SE CITY-ST-ZIP: PALM BAY FL 32909	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DST NAME: THOMPSON, RONALD STREET ADDRESS: 3391 BAYSIDE LAKES BLVD., SE CITY-ST-ZIP: PALM BAY FL 32909	<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
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
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 data empowered.

SIGNATURE: *Benjamin E. Jefferies* 4/29/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)