
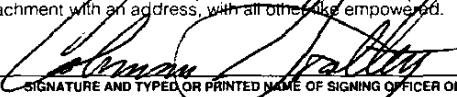


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91027 007 ****61.25

DOCUMENT # N01000008435					
1. Entity Name BRIDGEWATER AT BAYSIDE LAKES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 3391 BAYSIDE LAKES BLVD PALM BAY FL 32909			Mailing Address 3391 BAYSIDE LAKES BLVD PALM BAY FL 32909		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 27-0019654	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
SIGNATURE		Signature, typed or printed name of registered agent and title if applicable.		DATE	
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	DVS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GOATLEY, COLEMAN		NAME		
STREET ADDRESS	3391 BAYSIDE LAKES BLVD., SE		STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL 32909		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JEFFERIES, BENJAMIN E		NAME		
STREET ADDRESS	3391 BAYSIDE LAKES BLVD., SE		STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL 32909		CITY-ST-ZIP		
TITLE	DST	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	THOMPSON, RONALD		NAME		
STREET ADDRESS	3391 BAYSIDE LAKES BLVD., SE		STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL 32909		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(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: 		COLEMAN GOATLEY		4/23/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		(321) 952-2414	
				Daytime Phone #	



MOORE CR2E037 (11/03)

4. FEI Number **27-0019654** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JEFFERIES, BENJAMIN
3391 BAYSIDE LAKES BLVD. SE
PALM BAY FL 32909**

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

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**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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

Make Check Payable to Florida Department of State

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SIGNATURE:  COLEMAN GOATLEY 4/23/04 (321) 952-2414

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