
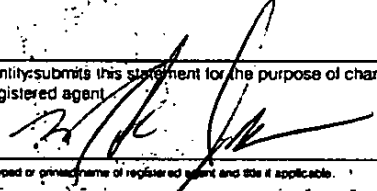



**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N01000008435			FILED 03-17-2006 90131 027 ****61.25 06 MAR 30 11:30	
1. Entity Name BRIDGEWATER AT BAYSIDE LAKES HOMEOWNERS ASSOCIATION, INC.			SECRET TALLAHASSEE, FLORIDA	
Principal Place of Business 770 NORTH DR. SUITE A MELBOURNE, FL 32934-9270		Mailing Address 770 NORTH DR. SUITE A MELBOURNE, FL 32934-9270		
2. Principal Place of Business 645 Classic Court Suite, Apt. #, etc. Suite 104		3. Mailing Address 645 Classic Court #104 Suite, Apt. #, etc.		
City & State Melbourne FL		City & State Melbourne FL		
Zip 32940		Country Brevard		
4. FEI Number 27-0019654		Applied For Not Applicable		
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: <u>Space Coast Property Management of Brevard, Inc</u> Street Address (P.O. Box Number is Not Acceptable): <u>645 Classic Court Suite 104</u> City: <u>Melbourne</u> FL Zip Code: <u>32940</u>		
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: 		MARK JACKSON 3/27/06		
Filing Fee is \$61.25 Due by May 1, 2006		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	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOATLEY, COLEMAN	NAME	Howard K. Sanchez	
STREET ADDRESS	3391 BAYSIDE LAKES BLVD., SE	STREET ADDRESS	1737 Las Palmas DR SW	
CITY-ST-ZIP	PALM BAY, FL 32909	CITY-ST-ZIP	Palm Bay FL 32908	
TITLE	DP <input type="checkbox"/> Delete	TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JEFFERIES, BENJAMIN E	NAME	Sara J Bernin	
STREET ADDRESS	3391 BAYSIDE LAKES BLVD., SE	STREET ADDRESS	1609 Sawgrass DR SW	
CITY-ST-ZIP	PALM BAY, FL 32909	CITY-ST-ZIP	Palm Bay FL 32908	
TITLE	D <input type="checkbox"/> Delete	TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMPSON, RONALD	NAME	Tom Fleming	
STREET ADDRESS	3391 BAYSIDE LAKES BLVD., SE	STREET ADDRESS	1590 Las Palmas DR SW	
CITY-ST-ZIP	PALM BAY, FL 32909	CITY-ST-ZIP	Palm Bay FL 32908	
TITLE	<input type="checkbox"/> Delete	TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	Irene F. Vunk	
STREET ADDRESS		STREET ADDRESS	1701 Sawgrass DR SW	
CITY-ST-ZIP		CITY-ST-ZIP	Palm Bay FL 32908	
TITLE	<input type="checkbox"/> Delete	TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	Robin Scheschael	
STREET ADDRESS		STREET ADDRESS	1636 La Madera DR SW	
CITY-ST-ZIP		CITY-ST-ZIP	Palm Bay FL 32908	
TITLE	<input type="checkbox"/> Delete	TITLE		
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 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: 		HOWARD K. SANCHEZ Pres. 3/9/06 321-536-7093		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #		