


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2007 8:00 am
Secretary of State

05-24-2007 90004 003 ****61.25

DOCUMENT # N01000008435

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



Principal Place of Business
645 CLASSIC COURT, SUITE 104 MELBOURNE, FL 32940

Mailing Address
645 CLASSIC COURT, SUITE 104 MELBOURNE, FL 32940

2. Principal Place of Business - No P.O. Box #
S260 Watermill Ln
 Suite, Apt. #, etc.
302

3. Mailing Address
S260 Watermill Ln
 Suite, Apt. #, etc.
302

City & State
Titusville FL

City & State
Titusville FL

Zip
32780 Country
US

Zip
32780 Country
US



05132007 Chg-NP CR2E037 (12/06)

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

Name
TCB Property Mgmt LLC

Street Address (P.O. Box Number is Not Acceptable)
5260 Watermill Lane # 302

Titusville

City
FL Zip Code
32780

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 **Sharon Lockamy MGRM** DATE **5-14-07**

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

Filing Fee is \$61.25 Due by September 14, 2007

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SANCHEZ, HOWARD K	
STREET ADDRESS	1737 LAS PALMAS DR. S.W.	
CITY-ST-ZIP	PALM BAY, FL 32908	
TITLE	T	<input type="checkbox"/> Delete
NAME	FLEMING, TOM	
STREET ADDRESS	1590 LAS PALMAS DR. S.W.	
CITY-ST-ZIP	PALM BAY, FL 32908	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BERNIN, SARA J	
STREET ADDRESS	1669 SAWGRASS DR. S.W.	
CITY-ST-ZIP	PALM BAY, FL 32908	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	VUNK, IRENE F	
STREET ADDRESS	1701 SAWGRASS DR. S.W.	
CITY-ST-ZIP	PALM BAY, FL 32908	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SENECHAEL, ROBIN	
STREET ADDRESS	1636 LA MADERIA DR. S.W.	
CITY-ST-ZIP	PALM BAY, FL 32908	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tom Fleming	
STREET ADDRESS	1590 LAS PALMAS DR. S.W.	
CITY-ST-ZIP	Palm Bay, FL 32908	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tom Rucker	
STREET ADDRESS	1725 SAWGRASS DR. S.W.	
CITY-ST-ZIP	PALM BAY, FL 32908	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jennifer Phelan	
STREET ADDRESS	1544 LA MADERIA DR SW	
CITY-ST-ZIP	PALM BAY, FL 32908	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEN SWATEK	
STREET ADDRESS	1649 LAS PALMOS DR SW	
CITY-ST-ZIP	PALM BAY, FL 32908	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alon Bernin	
STREET ADDRESS	1669 SAWGRASS DR. S.W.	
CITY-ST-ZIP	PALM BAY, FL 32908	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	George Chaboudy	
STREET ADDRESS	1717 LA MADERIA DR SW	
CITY-ST-ZIP	PALM BAY, FL 32908	

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: **[Signature]** President Date **5/15/07** Daytime Phone # **321-473-4346**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D

MIKE TERRIO
1757 LA MADERIA DR SW.
PALM BAY, FL
32908

ATTACHMENT

40118348

~~#~~ No 1000008435-