


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90186 025 ****61.25

DOCUMENT # N01000008435					
1. Entity Name BRIDGEWATER AT BAYSIDE LAKES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 5260 WATERMILL LN 302 TITUSVILLE, FL 32780		Mailing Address 5260 WATERMILL LN 302 TITUSVILLE, FL 32780			
2. Principal Place of Business - No P.O. Box # 213 Ivory Drive Suite, Apt. #, etc.		3. Mailing Address 3830 S. Highway A1A Suite, Apt. #, etc. # 4-113			
City & State Melbourne Beach, FL		City & State Melbourne Beach, FL		4. FEI Number 27-0019654	
Zip 32951	Country USA	Zip 32951	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TCB PROPERTY MGMT. LLC 5260 WATERMILL LN 302 TITUSVILLE, FL 32780			7. Name and Address of New Registered Agent Name: TCB Property Mgmt Street Address (P.O. Box Number is Not Acceptable): 213 Ivory Drive City: Melbourne Beach FL Zip Code: 32951		
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: <u>Renee J Pettit, Office Manager</u> DATE: <u>1/28/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	P FLEMING, TOM 1590 LAS PALMOS DR SW PALM BAY, FL 32908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Melody Keeth 1745 Las Palomos Drive Palm Bay, FL 32908 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RUCKER, TOM 1725 SAWGRASS DR SW PALM BAY, FL 32908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Colleen Fisher 1570 Las Palomos Drive Palm Bay, FL 32908 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PHELAN, JENNIFER 1544 LA MADERIA DR SW PALM BAY, FL 32908 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SWATEK, KEN 1649 LAS PALMOS DR SW. PALM BAY, FL 32908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERNIN, ALAN 1669 SAWGRASS DR SW PALM BAY, FL 32908 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHBOUDY, GEORGE 1714 LA MADERIA DR SW PALM BAY, FL 32908 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: <u>X Ken Swatek</u>			Date: <u>X 02-27-08 3217276081</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		