

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008435

FILED
Apr 14, 2009
Secretary of State

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

Current Principal Place of Business:

213 IVORY DR
MELBOURNE BEACH, FL 32951

New Principal Place of Business:

137 S. COURTENAY PKWY #683
MERRITT ISLAND, FL 32952

Current Mailing Address:

3830 S HWY A1A STE 4-113
MELBOURNE BEACH, FL 32951

New Mailing Address:

137 S. COURTENAY PKWY #683
MERRITT ISLAND, FL 32952

FEI Number: 27-0019654

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TCB PROPERTY MGMT. LLC
213 IVORY DR
MELBOURNE BEACH, FL 32951 US

Name and Address of New Registered Agent:

TCB PROPERTY MGMT. LLC
417 MILFORD POINT
MERRITT ISLAND, FL 32952 US

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:

04/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FLEMING, TOM
Address: 1590 LAS PALMOS DR SW
City-St-Zip: PALM BAY, FL 32908

Title: V () Delete
Name: RUCKER, TOM
Address: 1725 SAWGRASS DR SW
City-St-Zip: PALM BAY, FL 32908

Title: S () Delete
Name: KEETH, MELODY
Address: 1745 LAS PALMOS DR
City-St-Zip: PALM BAY, FL 32908

Title: T () Delete
Name: SWATEK, KEN
Address: 1649 LAS PALMOS DR SW.
City-St-Zip: PALM BAY, FL 32908

Title: D (X) Delete
Name: FISHER, COLLEEN
Address: 1570 LAS PALMOS DR
City-St-Zip: PALM BAY, FL 32908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BERNIN, SARA
Address: 1669 SAWGRASS DRIVE
City-St-Zip: PALM BAY, FL 32908

Title: V (X) Change () Addition
Name: MCLANE, AMY
Address: 1701 LA MADERIA DRIVE
City-St-Zip: PALM BAY, FL 32908

Title: S (X) Change () Addition
Name: ROGULSKI, ROBERT
Address: 1571 LA MADERIA DRIVE
City-St-Zip: PALM BAY, FL 32908

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SARA BERNIN

P

04/14/2009

Electronic Signature of Signing Officer or Director

Date