


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90069 043 \*\*\*\*61.25

**DOCUMENT # N06000007193**

1. Entity Name  
**BRIDGEWATER PLACE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
 115 112TH AVE. NE  
 ST. PETERSBURG, FL 33716

Mailing Address  
 115 112TH AVE. NE  
 ST. PETERSBURG, FL 33716

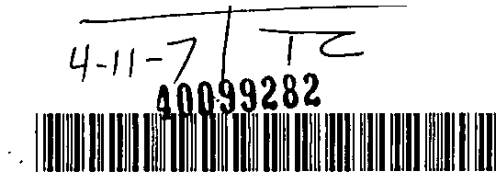
2. Principal Place of Business - No P.O. Box #

3. Mailing Address  
**3001 Executive Drive**

Suite, Apt. #, etc.  
 Suite, Apt. #, etc.  
**Suite 260**

City & State  
**Clearwater FL**

Zip Country  
**33762 USA**



03022007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**20-5311423**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**SCHLOSSER, RICHARD A.**  
**500 E. KENNEDY BLVD., STE. 200**  
**TAMPA, FL 33602**

7. Name and Address of New Registered Agent  
 Name **Condominium Associates**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3001 Executive Drive**  
**Suite 260**  
 City **Clearwater FL** Zip Code **33762**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$61.25 Due by May 1, 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP INGERICK, EMILY 14922 EVERSHERE ST. TAMPA, FL 33624 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RICK DIESTELKAMP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 115 112th Ave NE - 402 ST. PETERSBURG, FL 33716
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KUHLMAN, KEITH H. 949 BAY ESPLANADE CLEARWATER, FL 33767 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MESSERLY, MARK L. 4801 OSPREY DR. SOUTH ST. PETERSBURG, FL 33711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** \_\_\_\_\_ **4/9/07** **727-580-8895**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #