

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$300)**

**NONPROFIT CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 JUN 29 AM 8:16**

**DOCUMENT # N33893 (1)**

**1. Corporation Name  
BRIDGEWATER SUBDIVISION HOMEOWNER'S ASSOCIATION, INC.**

**Principal Place of Business Mailing Address**  
% ROBERT E. MURRELL 250 2ND ST. S.W. WINTER HAVEN FL 33890  
% ROBERT L MILLER 22 BRIDGEWATER DDR WINTER HAVEN FL 33884 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>08/18/1989</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>59-2964340</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>FILING FEE IS \$61.25</b>
8. This corporation has liability for intangible tax under s. 100.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country 29
	<b>Stacey M Mahalak 20 Bridgewater Drive Winter Haven, Florida 33884 USA</b>

**9. Name and Address of Current Registered Agent**  
MILLER, ROBERT  
22 BRIDGEWATER DRIVE  
WINTER HAVEN FL 33884

**10. Name and Address of New Registered Agent**  
81 Name **Stacey M. Mahalak**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**20 Bridgewater Dr.**  
83  
84 City **Winter Haven** FL 85 Zip Code **33884**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Mrs. Stacey M. Mahalak Mrs. Stacey M. Mahalak DATE 6/26/95

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD MILLER, ROBERT 22 BRIDGEWATER DR WINTER HAVEN FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VD BARNHART, JACK 1 BRIDGEWATER DR., S.E. WINTER HAVEN FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>STD MAHALAK, STACEY 20 BRIDGEWATER DR., S.E. WINTER HAVEN FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	<b>President D Brunfield, Ernie 5 Bridgewater Dr. Winter Haven, FL</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	<b>Vice President D Cliff Peeno 18 Bridgewater Dr Winter Haven, FL</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mrs. Stacey M. Mahalak Mrs. Stacey M. Mahalak DATE 6/26/95 813)324-0925

CR2E037 (3/95)