

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33880	STACY MAHALAK 20 BRIDGEWATER DR WINTER HAVEN FL 33884 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26 Joe Schroeder	08/18/1989	06/29/1995
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27 16 Bridgewater Dr.	59-2964340	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28 Winter Haven FL	<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
24	29 33884	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Country	Country		
30	30 USA		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MAHALAK, STACEY M 20 BRIDGEWATER DR WINTER HAVEN FL 33884	81 Name Joe Schroeder
	82 Street Address (P.O. Box Number is Not Acceptable) 16 Bridgewater Dr., S.E.
	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 Joe Schroeder DATE 7-11-96
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	BRUMFIELD, ERNIE	1.2 NAME	President / Director
STREET ADDRESS	5 BRIDGEWATER DR	1.3 STREET ADDRESS	17 Bridgewater Dr., S.E.
CITY-ST-ZIP	WINTER HAVEN FL	1.4 CITY-ST-ZIP	Winter Haven, FL 33884
	<input type="checkbox"/> DELETE	2.1 TITLE	VPD
TITLE	VPD	2.2 NAME	Vice President / Director
NAME	PEENO, CLIFF	2.3 STREET ADDRESS	Sal Moraco
STREET ADDRESS	18 BRIDGEWATER DR	2.4 CITY-ST-ZIP	15 Bridgewater Dr., S.E.
CITY-ST-ZIP	WINTER HAVEN FL		Winter Haven, FL 33884
	<input type="checkbox"/> DELETE	3.1 TITLE	STD
TITLE	STD	3.2 NAME	Secretary / Treasurer / Director
NAME	MAHALAK, STACEY	3.3 STREET ADDRESS	Joe Schroeder
STREET ADDRESS	20 BRIDGEWATER DR., S.E.	3.4 CITY-ST-ZIP	16 Bridgewater Dr., S.E.
CITY-ST-ZIP	WINTER HAVEN FL		Winter Haven, FL 33884
	<input type="checkbox"/> DELETE	4.1 TITLE	
TITLE		4.2 NAME	
NAME		4.3 STREET ADDRESS	
STREET ADDRESS		4.4 CITY-ST-ZIP	
CITY-ST-ZIP		5.1 TITLE	
	<input type="checkbox"/> DELETE	5.2 NAME	
TITLE		5.3 STREET ADDRESS	
NAME		5.4 CITY-ST-ZIP	
STREET ADDRESS		6.1 TITLE	
CITY-ST-ZIP		6.2 NAME	
	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
TITLE		6.4 CITY-ST-ZIP	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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 119.07(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: Stacey M. Mahalak DATE: 7-6-96 (941) 324-0925
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/96)