## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #
1. Corporation Name

Principal Place of Business

% ROBERT E. MURRELL

WINTER HAVEN FL 33880

Suite, Apt. #, etc.

City & State

2. Principal Place of Business

250 2ND ST. S.W.

21

22

23

24

Zip

N33893

Country

25

(1)

BRIDGEWATER SUBDIVISION HOMEOWNER'S ASSOCIATION, INC.

Mailing Address

JOE SCHROEDER

16 BRIDGEWATER DR

WINTER HAVEN FL 33884

US

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

29

## FILED Feb 03 1998 8:00am Secretary of State



Yes Yes

☐ No

Yes

7. Is this nonprofit corporation a homeowners association?

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualified

08/18/1989

59-2964340

5. Certificate of Status Desired

Trust Fund Contribution

Election Campaign Financing

Personal Property Tax due June 30.

4. FEI Number

SCHROEDER, JOE 16 BRIDGEWATER DR S.E. WINTER HAVEN FL 33884  23 Street Address (P.O. Box Number is Not Acceptable)  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 register 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 register agent, are tamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  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 D DELETE 1: TITLE  NAME VENTERS, ROB  1.2 NAME  1.3 STREET ADDRESS  CITY-ST-ZIP WINTER HAVEN FL 33884  1.4 CITY-ST-ZIP  WINTER HAVEN FL 33884  1.4 CITY-ST-ZIP  WINTER HAVEN FL 33884  2.2 NAME  STREET ADDRESS  15 BRIDGEWATER DR S.E.  Change Add  Ch		3. Hattle alle Address of Collect negistered A	gent	<del></del>		10. Name and Address of New Registered Agent	
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 register 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 register agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE    Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating)   DATE     12.				81	81 Name		
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MINITED LIMITED FL 00004	STREET ADDRESS			2.3 STREET	ADDRESS		
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STREET ADDRESS 16 BRIDGEWATER DR., S.E. 3.3 STREET ADDRESS	STREET ADDRESS	16 BRIDGEWATER DR., S.E.		3.3 STREET	ADDRESS		
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CITY-SI-ZIP 6.4 CITY-SI-ZIP							
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 eath; that I am a							
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.							

Country

30

SIGNATURE: B SOLON SCHOOL REBLIBE Schroeder 1-8-98 (941) 324-2