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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N33893

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	JOE SCHROEDER 16 BRIDGEWATER DR WINTER HAVEN FL 33884 US



2. Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualified
21	Suite, Apt. #, etc.	26	08/18/1989
22	City & State	27	4. FEI Number 59-2964340
23	Zip	28	Applied For Not Applicable
24	Country	29	5. Certificate of Status Desired <input type="checkbox"/>
25		30	\$8.75 Additional Fee Required
26			6. Election Campaign Financing <input type="checkbox"/>
27			\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SCHROEDER, JOE 16 BRIDGEWATER DR S.E. WINTER HAVEN FL 33884		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		85	Zip Code

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 4-15-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VENTERS, ROB	1.2 NAME	ROBERT SAWATSKY
STREET ADDRESS	17 BRIDGEWATER DE, S.E.	1.3 STREET ADDRESS	13 BRIDGEWATER DR.
CITY-ST-ZIP	WINTER HAVEN FL 33884	1.4 CITY-ST-ZIP	WINTER HAVEN FL 33884
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	VICE PRESIDENT VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORACCO, SAL	2.2 NAME	ROBERT MILLER
STREET ADDRESS	15 BRIDGEWATER DR S.E.	2.3 STREET ADDRESS	BRIDGEWATER DR
CITY-ST-ZIP	WINTER HAVEN FL 33884	2.4 CITY-ST-ZIP	WINTER HAVEN FL 33884
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	SECRETARY STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHROEDER, JOE	3.2 NAME	THOMAS S. CLARK
STREET ADDRESS	16 BRIDGEWATER DR., S.E.	3.3 STREET ADDRESS	12 BRIDGEWATER DR
CITY-ST-ZIP	WINTER HAVEN FL 33884	3.4 CITY-ST-ZIP	WINTER HAVEN FL 33884
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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 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, with all other like empowered.

SIGNATURE: [Signature] DATE: 4-15-99 DAYTIME PHONE #: 941-2976885

CR2E037 (1/198)