


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 18, 2005 8:00 am**  
**Secretary of State**

08-18-2005 90003 036 \*\*\*\*70.00

<b>DOCUMENT # N33893</b>			
1. Entity Name BRIDGEWATER SUBDIVISION HOMEOWNER'S ASSOCIATION, INC.			
Principal Place of Business % ROBERT E. MURRELL 250 2ND ST. S.W. WINTER HAVEN, FL 33880		Mailing Address TIM PHILLIPS 4 BRIDGEWATER DRIVE WINTER HAVEN, FL 33884 US	
2. Principal Place of Business		3. Mailing Address TITOMAS S. CLARK	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 12 BRIDGEWATER DR.	
City & State		City & State WINTER HAVEN FL	
Zip	Country	Zip	Country
		33884	FL
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PHILLIPS, TIM 4 BRIDGEWATER DRIVE S.E. WINTER HAVEN, FL 33884		Name CLARK, THOMAS S. Street Address (P.O. Box Number is Not Acceptable) 12 BRIDGEWATER DR. City WINTER HAVEN FL Zip Code 33884	
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 <i>Thomas S. Clark</i> TITOMAS S. CLARK		DATE 8-9-2005	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WATSON, STEVEN 18 BRIDGEWATER DR WINTER HAVEN, FL 33884 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT CLARK, THOMAS S. 12 BRIDGEWATER DR. WINTER HAVEN FL 33884 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PHILLIPS, TIM 4 BRIDGEWATER DR WINTER HAVEN, FL 33884 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. GARBRICHT ALLEN 5 BRIDGEWATER DR. WINTER HAVEN FL 33884 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MILLER, ROBERT 22 BRIDGEWATER DR WINTER HAVEN, FL 33884 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECR-TREAS HETTICK, BOB 3 BRIDGEWATER DR WINTER HAVEN FL. 33884 <input checked="" 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 exemption stated in Section 119.07(3)(i), 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: <i>Thomas S. Clark</i> THOMAS S CLARK		DATE 8-9-2005 863 324 0457	

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01132005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2964340 Applied For Not Applicable

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

Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #