


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # N33893 1. Entity Name BRIDGEWATER SUBDIVISION HOMEOWNER'S ASSOCIATION, INC.	
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Principal Place of Business % ROBERT E. MURRELL 250 2ND ST. S.W. WINTER HAVEN, FL 33880	Mailing Address THOMAS S CLARK 12 BRIDGE WATER DR WINTER HAVEN, FL 33884 US
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01152008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2964340	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CLARK, THOMAS S  
12 BRIDGEWATER DRIVE S.E.  
WINTER HAVEN, FL 33884

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST CLARK, THOMAS S 12 BRIDGEWATER DR WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP GARBRECHT, ALLEN 5 BRIDGEWATER DR WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P HANSEN, NP 15 BRIDGEWATER DR WINTER HAVEN, FL 33884
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 01/24/08-80013-015 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Thomas S. Clark 1-15-08 863 324 0457

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

THOMAS S. CLARK