

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33893

FILED
Jan 07, 2009
Secretary of State

Entity Name: BRIDGEWATER SUBDIVISION HOMEOWNER'S ASSOCIATION,INC.

Current Principal Place of Business:

% ROBERT E. MURRELL
250 2ND ST. S.W.
WINTER HAVEN, FL 33880

New Principal Place of Business:

Current Mailing Address:

THOMAS S CLARK
12 BRIDGE WATER DR
WINTER HAVEN, FL 33884 US

New Mailing Address:

FEI Number: 59-2964340 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: CLARK, THOMAS S
Address: 12 BRIDGEWATER DR
City-St-Zip: WINTER HAVEN, FL 33884

Title: VP () Delete
Name: GARBRECHT, ALLEN
Address: 5 BRIDGEWATER DR
City-St-Zip: WINTER HAVEN, FL 33884

Title: P () Delete
Name: HANSEN, NP
Address: 15 BRIDGEWATER DR
City-St-Zip: WINTER HAVEN, FL 33884

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: GARBRECHT, ALLEN V. PRES
Address: 5 BRIDGEWATER DR
City-St-Zip: WINTER HAVEN, FL 33884

Title: P (X) Change () Addition
Name: HANSEN, NP PRES.
Address: 15 BRIDGEWATER DR
City-St-Zip: WINTER HAVEN, FL 33884

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS S. CLARK

ST

01/07/2009

Electronic Signature of Signing Officer or Director

_____ Date