

# 2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N33893

**FILED**  
**Apr 16, 2014**  
**Secretary of State**

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

**Current Principal Place of Business:**

12 BRIDGEWATER DRIVE  
WINTER HAVEN, FL 33884

**New Principal Place of Business:**

20 BRIDGEWATER DRIVE  
WINTER HAVEN, FL 33884

**Current Mailing Address:**

12 BRIDGEWATER DRIVE  
WINTER HAVEN, FL 33884

**New Mailing Address:**

20 BRIDGEWATER DRIVE  
WINTER HAVEN, FL 33884

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:**

LOAR, HOLLE L  
20 BRIDGEWATER DRIVE S.E.  
WINTER HAVEN, FL 33884 US

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: HOLLE L. LOAR

04/16/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: ST  
Name: LOAR, HOLLE L  
Address: 20 BRIDGEWATER DR  
City-St-Zip: WINTER HAVEN, FL 33884

Title: VP  
Name: MURCHISON, DEANNA  
Address: 2 BRIDGEWATER DR  
City-St-Zip: WINTER HAVEN, FL 33884

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

I hereby 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 all other like empowered.

SIGNATURE: HOLLE L. LOAR

S/T

04/16/2014

Electronic Signature of Signing Officer or Director

Date