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**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Montherm
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAR 28 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000001695 (5)

1. Corporation Name

**BRIDGEWATER HOMEOWNERS ASSOCIATION OF MERRITT IS
LAND, INC.**

Principal Place of Business

110 RIVER WOODS DR.
ROCKLEDGE FL 32955

Mailing Address

110 RIVER WOODS DR.
ROCKLEDGE FL 32955

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/06/1994

3a. Date of Last Report

4. FEI Number

59-3244920

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

22

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip

29

Country

30

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PEEPLER, JAMES W III
505 NORTH ORLANDO AVE.
COCOA BEACH FL 32931

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	KIRSCHENBAUM, MALCOLM R
STREET ADDRESS	P.O. BOX 3787 (N/A)
CITY-ST-ZIP	COCOA FL 32924
TITLE	Di Domenico, Patrick
NAME	P.O. Box 3767
STREET ADDRESS	Cocoa, FL 32924
CITY-ST-ZIP	Cocoa, FL 32924
TITLE	Shearer, Jack
NAME	110 River Woods Dr.
STREET ADDRESS	Rockledge, FL 32955
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	402 High Point Dr.
1.4 CITY-ST-ZIP	Cocoa, FL 32926
2.1 TITLE	DIRECTOR ☐ Change ☒ Addition
2.2 NAME	
2.3 STREET ADDRESS	402 High Point Dr.
2.4 CITY-ST-ZIP	Cocoa, FL 32926
3.1 TITLE	DIRECTOR ☐ Change ☒ Addition
3.2 NAME	
3.3 STREET ADDRESS	402 High Point Dr.
3.4 CITY-ST-ZIP	Cocoa, FL 32926
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information furnished 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13, as appropriate, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Malcolm R. Kirschenbaum

DIRECTOR

3/6/95

407/632-4936