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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000001695**

1. Corporation Name

BRIDGEWATER HOMEOWNERS ASSOCIATION OF MERRITT IS LAND, INC.

Principal Place of Business	Mailing Address
863 WOODBINE DR MERRITT ISLAND FL 32952 US	863 WOODBINE DR MERRITT ISLAND FL 32952 US

2. Principal Place of Business 21 P.O. BOX 542226	2a. Mailing Address 26 P.O. BOX 542226	3. Date Incorporated or Qualifed 04/06/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3244920 ☐ Applied For ☐ Not Applicable
City & State 23 MERRITT ISLAND, FL	City & State 28 MERRITT ISLAND, FL	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 32954 25 US	Zip / Country 29 32954 30 US	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

RICHARD L ENGLISH
863 WOODBINE DR
MERRITT ISLAND FL 32952

10. Name and Address of New Registered Agent

81 Name: ALICE E. GARDNER
82 Street Address (P.O. Box Number is Not Acceptable): 2718 BARROW DRIVE
83: 32952
84 City: MERRITT ISLAND FL 85 Zip Code: 32952

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: ALICE E. GARDNER Alice E. Gardner 19 JANUARY 1999
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SYNDER, WAYNE 2721 BARROW DRIVE MERRITT ISLAND FL 32952	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD WALKER, DWIGHT 2721 BARROW DRIVE MERRITT ISLAND, FL 32952	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD ENGLISH, RICHARD L 863 WOODBINE DR MERRITT ISLAND FL 32952	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	STD GARDNER, ALICE E. 2718 BARROW DRIVE MERRITT ISLAND, FL 32952	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD WALKER, DWIGHT 2721 BARROW DRIVE MERRITT ISLAND FL 32952	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	VPD VANI, TOM 2725 BARROW DRIVE MERRITT ISLAND, FL 32952	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

14. 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 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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALICE GARDNER Alice E. Gardner 1/19/99 407-454-4913
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #