# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 03, 2005 8:00 am**
**Secretary of State**
03-03-2005 90171 001 ****61.25

DOCUMENT # N94000001695

1. Entity Name
BRIDGEWATER HOMEOWNERS ASSOCIATION OF MERRITT ISLAND, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| P O BOX 542226<br>MERRITT ISLAND, FL 32954 US | P O BOX 542226<br>MERRITT ISLAND, FL 32954 US |

02272005 Chg-NP CR2E037 (10/03)

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number 59-3244920 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| BYRD, MICHELLE<br>834 WOODBINE DRIVE<br>MERRITT ISLAND, FL 32952 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

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 Michelle Byrd 2/28/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $61.25**
**Due by May 1, 2005**

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

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>SNYDER, WAYNE<br>2729 BARROW DR.<br>MERRITT ISLAND, FL 32952 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>BYRD, MICHELLE<br>834 WOODBINE DR.<br>MERRITT ISLAND, FL 32952 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>BRAMLITT, LARRY<br>2726 BARROW DR.<br>MERRITT ISLAND, FL 32952 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>Lisa Valencia<br>879 Woodbine Drive<br>Merritt Island, FL. 32952 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>BERGMANN, LINDA<br>2725 BURROW DR.<br>MERRITT ISLAND, FL 32952 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>David OTT<br>870 Woodbine Drive<br>Merritt Island, FL. 32952 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

12. 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 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:** Michelle Byrd; Michelle Byrd 2/28/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #