

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001695

FILED
Jan 08, 2009
Secretary of State

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

Current Principal Place of Business:

P O BOX 542226
MERRITT ISLAND, FL 32954 US

New Principal Place of Business:

874 WOODBINE DRIVE
MERRITT ISLAND, FL 32952 US

Current Mailing Address:

P O BOX 542226
MERRITT ISLAND, FL 32954 US

New Mailing Address:

FEI Number: 59-3244920 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HEISLER, LARRY E
874 WOODBINE DR
MERRITT ISLAND, FL 32952 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: P () Delete
Name: BEYER, RICHARD E
Address: 8028 WOODBINE DR
City-St-Zip: MERRITT ISLAND, FL 32952 US

Title: T () Delete
Name: HEISLER, LARRY E
Address: 874 WOODBINE DR
City-St-Zip: MERRITT ISLAND, FL 32952

Title: VP () Delete
Name: GOODWIN, MICHELE
Address: 868 WOODBINE DR
City-St-Zip: MERRITT ISLAND, FL 32952

Title: S () Delete
Name: HEISLER, LARRY E
Address: 874 WOODBINE DR
City-St-Zip: MERRITT ISLAND, FL 32952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: LARRY E. HEISLER

T

01/08/2009

Electronic Signature of Signing Officer or Director

Date