2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State
03-04-2002 90025 041 ****70.00

DOCUMENT # N97000002310

1. Entity Name
BRIDLE GATE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
508-A CAPITAL CIRCLE S.E. TALLAHASSEE FL 32301	508-A CAPITAL CIRCLE S.E. TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
PO Box 1088	PO Box 1088
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Crawfordville, FL	City & State: Crawfordville, FL
Zip: 32326 Country: Wakulla	Zip: 32326 Country: Wakulla

4. FEI Number 59-3590141 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TURNER, DOUGLAS E
508-A CAPITAL CIRCLE S.E.
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name: Karen Harper
Street Address (P.O. Box Number is Not Acceptable): 40 Shoemaker Ct
City: Crawfordville FL Zip Code: 32327

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TURNER, DOUGLAS E 508-A CAPITAL CIRCLE S.E. TALLAHASSEE FL 32301	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Karen Harper 40 shoemaker ct Crawfordville, FL 32327	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D O'REILLY, JOHN 508-A CAPITAL CIRCLE S.E. TALLAHASSEE FL 32301	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D Anthony Atkins 74 Bridle Gate Dr Crawfordville, FL 32327	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SAXON, FRED 508-A CAPITAL CIRCLE TALLAHASSEE FL 32301	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D Jack Plagge 6 Traynor ct Crawfordville, FL 32327	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D Jacqueline Hall 5 Bridle Gate Ct Crawfordville, FL 32327	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Greg Jacques 34 Bridle Gate ct Crawfordville, FL 32327	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: Jack Plagge R. Jack Plagge 1-26-2002 (850)926-4523
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #