


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90120 026 ****70.00

DOCUMENT # N97000002310					
1. Entity Name BRIDLE GATE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business PO BOX 1088 CRAWFORDVILLE, FL 32326			Mailing Address PO BOX 1088 CRAWFORDVILLE, FL 32326		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		05012004 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-3590141	
				Applied For Not Applicable	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PLAGGE, JACK 6 TRAYNOR COURT CRAWFORDVILLE, FL 32327			Name Street Address (P.O. Box Number is Not Acceptable) 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: <u><i>Jack Plagge</i></u> DATE: <u>5-1-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	D	<input type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROMAN, EDDIE		NAME	Cheryl Blase	
STREET ADDRESS	49 BRIDLE GATE COURT		STREET ADDRESS	22 Wynette Ct	
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327		CITY-ST-ZIP	Crawfordville FL 32327	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ATKINS, ANTHONY		NAME	Ron Hall	
STREET ADDRESS	74 BRIDLE GATE DR		STREET ADDRESS	5 Bridle Gate Ct	
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327		CITY-ST-ZIP	Crawfordville FL 32327	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		
NAME	PLAGGE, JACK		NAME		
STREET ADDRESS	6 TRAYNOT CT		STREET ADDRESS		
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE		
NAME	HALL, JACQUELINE		NAME		
STREET ADDRESS	5 BRIDLE GATE CT		STREET ADDRESS		
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE		
NAME	JACQUES, GREG		NAME		
STREET ADDRESS	34 BRIDLE GATE COURT		STREET ADDRESS		
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u><i>Jack Plagge</i></u>			Date: <u>5-1-04</u> Daytime Phone #: <u>414-0084</u>		