


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 24, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000000535					
1. Corporation Name BRIDGE WATER AT LAKE PICKETT HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 3300 S. HIAWASSEE ROAD STE. 107 ORLANDO FL 32835-6331			Mailing Address 3300 S. HIAWASSEE ROAD STE. 107 ORLANDO FL 32835-6331		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 01/29/1998	
				4. FEI Number 59-3491741	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent WILLIAMS, WARREN E 28-42 WEST CENTRAL BLVD. STE. 400 ORLANDO FL 32801				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
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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

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			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	DP			1.1 TITLE			
NAME	WERDER, JOY V			1.2 NAME			
STREET ADDRESS	1139 ARBOR GLEN CIRCLE			1.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER SPRINGS FL 32708			1.4 CITY-ST-ZIP			
TITLE	DV			2.1 TITLE			
NAME	CARLSON, BRENDA			2.2 NAME			
STREET ADDRESS	3300 S. HIAWASSEE ROAD STE. 107			2.3 STREET ADDRESS			
CITY-ST-ZIP	HIAWASSEE FL 32835-6331			2.4 CITY-ST-ZIP			
TITLE	DTS			3.1 TITLE			
NAME	WOOD, GREG			3.2 NAME			
STREET ADDRESS	3300 S. HIAWASSEE ROAD STE. 107			3.3 STREET ADDRESS			
CITY-ST-ZIP	HIAWASSEE FL 32835-6331			3.4 CITY-ST-ZIP			
TITLE				4.1 TITLE			
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE				5.1 TITLE			
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE				6.1 TITLE			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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: (x) *Brenda Carlson* **Brenda Carlson, VP** (x) 1/14/99 407/297-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #