

FILED
Jul 12, 1999 8:00 am
Secretary of State

07-12-1999 90015 005 ****61.25

AMOUNT DUE ON OR BEFORE 12/31/99: \$61.25 (IF UNPAID, FEE, REMAINS PAID) DUE TO REGISTRATION

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # N97000002310

Corporation Name

BRIDLE GATE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

608-A CAPITAL CIRCLE S.E.
TALLAHASSEE FL 32301

Mailing Address

508-A CAPITAL CIRCLE S.E.
TALLAHASSEE FL 32301

* 6 807060 90016 - 53 *



1. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/24/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3590141	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
TURNER, DOUGLAS E 508-A CAPITAL CIRCLE S.E. TALLAHASSEE FL 32301				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City FL 85 Zip Code	

1. 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

2. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
FILE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, DOUGLAS E	1.2 NAME	
STREET ADDRESS	508-A CAPITAL CIRCLE S.E.	1.3 STREET ADDRESS	
TY-ST-ZIP	TALLAHASSEE FL 32301	1.4 CITY-ST-ZIP	
FILE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, TURNER L	2.2 NAME	
STREET ADDRESS	508-A CAPITAL CIRCLE S.E.	2.3 STREET ADDRESS	
TY-ST-ZIP	TALLAHASSEE FL 32301	2.4 CITY-ST-ZIP	
FILE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'REILLY, JOHN	3.2 NAME	
STREET ADDRESS	508-A CAPITAL CIRCLE S.E.	3.3 STREET ADDRESS	
TY-ST-ZIP	TALLAHASSEE FL 32301	3.4 CITY-ST-ZIP	
FILE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	FRED SAXON
STREET ADDRESS		4.3 STREET ADDRESS	508-A CAPITAL CIRCLE
TY-ST-ZIP		4.4 CITY-ST-ZIP	TALL, FLA 32301
FILE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
TY-ST-ZIP		5.4 CITY-ST-ZIP	
FILE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
TY-ST-ZIP		6.4 CITY-ST-ZIP	

4. 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:

John O'Reilly
 SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)