

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001695

1. Entity Name

BRIDGEWATER HOMEOWNERS ASSOCIATION OF MERRITT IS

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90052 040 ****61.25

Principal Place of Business

Mailing Address

P O BOX 542226
MERRITT ISLAND FL 32954
US

P O BOX 542226
MERRITT ISLAND FL 32954-2226
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3244920

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARDNER, ALICE
2718 BARROW DR
MERRITT ISLAND FL 32952

Name

James Cottrell

Street Address (P.O. Box Number is Not Acceptable)

880 Woodbine Drive

City

Merritt Island

FL

Zip Code

32952

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

James Cottrell

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-17-00

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 PD ☒ Delete
NAME WALKER, DWIGHT
STREET ADDRESS 2721 BARROW DR
CITY-ST-ZIP MERRITT ISLAND FL 32952

TITLE PD ☒ Change ☐ Addition
NAME Matthew Myland
STREET ADDRESS 851 Woodbine Dr.
CITY-ST-ZIP Merritt Island, FL. 32952

TITLE STD ☒ Delete
NAME GARDNER, ALICE E
STREET ADDRESS 2718 BARROW DR
CITY-ST-ZIP MERRITT ISLAND FL 32952

TITLE STD ☒ Change ☐ Addition
NAME James Cottrell
STREET ADDRESS 880 Woodbine Dr.
CITY-ST-ZIP Merritt Island, FL. 32952

TITLE VPD ☐ Delete
NAME VANI, TOM
STREET ADDRESS 2725 BARROW DR
CITY-ST-ZIP MERRITT ISLAND FL 32952

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

James Cottrell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-00

Date

321-504-0950

Daytime Phone #

CR2E037 (9/99)