

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000005775

1. Entity Name

THE BRIDGE WATER PHASE II HOMEOWNERS' ASSOCIATIO
N, INC.

FILED

Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90020 016 ****61.25

Principal Place of Business

5401 KIRKMAN ROAD, SUITE 525
ORLANDO FL 32819

Mailing Address

5401 KIRKMAN ROAD, SUITE 525
ORLANDO FL 32819

80033385



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc. 300

Suite, Apt. #, etc. 300

City & State

City & State

4. FEI Number

Applied For ☒ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOORE, WILLIAM
5401 KIRKMAN ROAD, SUITE 525
ORLANDO FL 32819

7. Name and Address of New Registered Agent

Name SUE CARPENTER
Street Address (P.O. Box Number is Not Acceptable) 5401 S Kirkman Rd
Suite 300
City ORLANDO FL Zip Code 32819

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 *Sue Carpenter*
Signature, typed or printed name of registered agent and title, applicable

(NOTE: Registered Agent signature required when reinstating)

1-22-02

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	FROELICH, SEAN	
STREET ADDRESS	5401 KIRKMAN ROAD, SUITE 525	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MOORE, WILLIAM	
STREET ADDRESS	5401 KIRKMAN ROAD, SUITE 525	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	STD	<input type="checkbox"/> Delete
NAME	WEGNER, WILLIAM	
STREET ADDRESS	5401 KIRKMAN ROAD, SUITE 525	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3200 VineLand Rd	
STREET ADDRESS	Suite 200	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3200 VineLand Rd	
STREET ADDRESS	Suite 200	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3200 VineLand Rd	
STREET ADDRESS	Suite 200	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Sue Carpenter* PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-02 407/903-9969

Date Daytime Phone #

CR2E037 (9/01)