

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90034 029 \*\*\*\*61.25

00000016



DO NOT WRITE IN THIS SPACE

**DOCUMENT # N01000001320**

1. Entity Name

**BRIDGEWATER AT TOWN CENTER HOMEOWNERS ASSOCIATIO  
 N, INC.**

Principal Place of Business

Mailing Address

5728 MAJOR BLVD. STE 309  
 ORLANDO FL 32819

5728 MAJOR BLVD. STE 309  
 ORLANDO FL 32819

2. Principal Place of Business

2180 W. SR 434

3. Mailing Address

2180 W. SR 434

Suite, Apt. #, etc.

STE 5000

Suite, Apt. #, etc.

STE 5000

City & State

LONGWOOD, FL

City & State

LONGWOOD, FL

4. FEI Number

59-3688581

Applied For

Not Applicable

Zip

32779-5044

Country

US

Zip

32779-5044

Country

US

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MADISON PARTNERS, LTD.  
 5728 MAJOR BLVD, STE 309  
 ORLANDO FL 32819**

**JAMES W HART JR  
 SENTRY MANAGEMENT INC  
 2180 WEST SR 434 STE 5000  
 LONGWOOD FL 32779**

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

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

(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	DV CARR, JAMES 11 DALE LN MALVERN PA 19355	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MARLING, JOHN 5728 MAJOR BLVD, STE 309 ORLANDO FL 32819	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CARLUCCI, LINDA 5728 MAJOR BLVD, STE 309 ORLANDO FL 32819	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*John Marling*  
 3/14/02

Date

Daytime Phone #

CR2E037 (9/01)