2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State
03-29-2004 90536 001 ***122.50

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1. Entity Name
BRIDGE WATER AT LAKE PICKETT HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5401 S KIRKMAN RD ~~475~~ ORLANDO, FL 32819	5401 S KIRKMAN RD ~~475~~ ORLANDO, FL 32819

02232004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
5401 S. KIRKMAN Rd	5401 S. KIRKMAN Rd.
Suite, Apt. #, etc. STE 450	Suite, Apt. #, etc. STE 450
City & State ORLANDO, FL	City & State ORLANDO, FL
Zip 32819 Country USA	Zip 32815 Country USA

4. FEI Number 59-3491741 ☐ Applied For ☐ Not Applicable

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
COMMUNITY MGMT RD 5401 S KIRKMAN RD ~~475~~ ORLANDO, FL 32819 STE	Name Community Management Rep. Inc. Street Address (P.O. Box Number is Not Acceptable) 5401 S. KIRKMAN Rd STE 450 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Jim Carpenter PRESIDENT Community Management Rep. 3/25/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP CAVARETTA, CHARLES F 5200 VINELAND RD, SUITE 200 ORLANDO, FL 32811	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP DIETCH, JAMES 5200 VINELAND RD, STE 200 ORLANDO, FL 32811	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP LAKE LIGON 5200 VINELAND ROAD, STE 200 ORLANDO, FL 32811	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST PROULX, CYNTHIA M 5200 VINELAND RD, STE 200 ORLANDO, FL 32811	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AGUAYO, PABLO 743 BRIDGEWAY BLVD. ORLANDO, FL 32828	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DALE SORENSON 923 BRIDGEWAY BLVD. ORLANDO, FL 32828	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Jim Moore, CCAM, Agent for Officer 3/25/04 407-903-4769
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #