

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90870 001 ***122.50

DOCUMENT # N98000000535					
1. Entity Name BRIDGE WATER AT LAKE PICKETT HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 5401 S. KIRKMAN RD., STE 450 ORLANDO, FL 32819			Mailing Address 5401 S. KIRKMAN RD., STE 450 475 ORLANDO, FL 32819		
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 59-3491741	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COMMUNITY MGMT RD 5401 S. KIRKMAN RD., STE 450 ORLANDO, FL 32819			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 <input checked="" type="checkbox"/> Delete 5200 VINELAND RD, SUITE 200 ORLANDO, FL 32811		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PABLO AGUIRRE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 743 BRIDGEWAY BLVD ORLANDO, FL 32828	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LIGON, LANCE <input checked="" type="checkbox"/> Delete 5200 VINELAND RD, STE 200 ORLANDO, FL 32811		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DEBORAH APPEL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 13442 OLD DOCK RD. ORLANDO, FL 32828	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PROULX, CYNTHIA M <input checked="" type="checkbox"/> Delete 5200 VINELAND RD, STE 200 ORLANDO, FL 32811		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BLAKE MASON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 905 BRIDGEWAY BLVD ORLANDO, FL 32828	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SORENSON, DALE <input type="checkbox"/> Delete 423 BRIDGEWAY BLVD. ORLANDO, FL 32828		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DALE SORENSON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 423 BRIDGEWAY BLVD ORLANDO, FL 32828	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YOUNG COOK <input type="checkbox"/> Change <input type="checkbox"/> Addition 13443 KITTY FORK RD ORLANDO, FL 32828	
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	
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: <i> Dale Sorenson </i> 2/10/05 407-482-1565 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					