

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90095 021 ****70.00

DOCUMENT # N97000002310 1. Entity Name BRIDLE GATE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business PO BOX 1088 CRAWFORDVILLE, FL 32326				Mailing Address PO BOX 1088 CRAWFORDVILLE, FL 32326	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01172005 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-3590141				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PLAGGE, JACK 6 TRAYNOR COURT CRAWFORDVILLE, FL 32327			Name <u>AL HEWITT</u> Street Address (P.O. Box Number is Not Acceptable) <u>34 SHOEMAKER CT.</u> City <u>CRAWFORDVILLE</u> FL Zip Code <u>32327</u>		
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 <u>AL HEWITT</u> <u>13 April 2005</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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. AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROMAN, EDDIE		NAME	Shirley Fitch	
STREET ADDRESS	49 BRIDLE GATE COURT		STREET ADDRESS	5 Traynor Ct.	
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327		CITY-ST-ZIP	Crawfordville, FL 32327	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLOSE, CHERYL		NAME	V / D	
STREET ADDRESS	22 WYNGATE CT		STREET ADDRESS	Ellen Davies	
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327		CITY-ST-ZIP	77 Bridle Gate Drive	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PLAGGE, JACK		NAME	T / D	
STREET ADDRESS	6 TRAYNOT CT		STREET ADDRESS	Al Hewitt	
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327		CITY-ST-ZIP	34 Shoemaker Cr.	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HALL, RON		NAME	P / D	
STREET ADDRESS	5 BRIDLE GATE CT		STREET ADDRESS	Mindy Hill	
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327		CITY-ST-ZIP	18 Calvary Ct.	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	S / D	
STREET ADDRESS			STREET ADDRESS	Lorene Broussard	
CITY-ST-ZIP			CITY-ST-ZIP	50 Shoemaker Ct	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	Crawfordville, FL 32327	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>AL HEWITT</u> <u>4/13/05</u> <u>926-9440</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

61.25
8.75
70.00

13 APR 05 CK #1170
\$70.00