2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2006 8:00 am
Secretary of State
02-08-2006 90014 049 ****61.25

DOCUMENT # N97000002310

1. Entity Name
BRIDLE GATE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
PO BOX 1088 CRAWFORDVILLE, FL 32326	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

01282006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-3590141 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HEWITT, AL
34 SHOEMAKER CT
CRAWFORDVILLE, FL 32327

7. Name and Address of New Registered Agent

Name: Greg Jacques
Street Address (P.O. Box Number is Not Acceptable): 34 Bridle Gate Ct.
City: Crawfordville **FL** Zip Code: 32327

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: _____ Greg Jacques 1-28-2006
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, 2006

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	D FITCH, SHIRLEY 5 TRAYNOR CT CRAWFORDVILLE, FL 32327	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DAVIES, ELLEN 77 BRIDLE GATE DR CRAWFORDVILLE, FL 32327	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HEWITT, AL 34 SHOEMAKER CR CRAWFORDVILLE, FL 32327	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Greg Jacques 34 Bridle Gate Ct. Crawfordville, FL 32327	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HILL, MINDY 18 CALVARY CT CRAWFORDVILLE, FL 32327	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Tammy Brannon 22 Shoemaker Ct. Crawfordville, FL 32327	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BROUSSARD, LORENE 50 SHOEMAKER CT CRAWFORDVILLE, FL 32327	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Michelle McKenzie 22 Traynor Ct. Crawfordville, FL 32327	☐ 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 exemptions contained in Chapter 119, 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: _____ Greg Jacques 1-28-2006 245-9589
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #