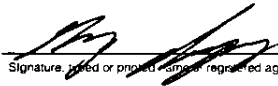


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 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	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			7. Name and Address of New Registered Agent		
HEWITT, AL 34 SHOEMAKER CT CRAWFORDVILLE, FL 32327			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 #					