


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90421 009 ****61.25

DOCUMENT # N01000005775 1. Entity Name THE BRIDGE WATER PHASE II HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 5401 S. KIRKMAN RD., STE 450 ORLANDO, FL 32819			Mailing Address 5401 S. KIRKMAN RD., STE 450 STE 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		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CARPENTER, SUE 5401 S. KIRKMAN RD., STE 450 ORLANDO, FL 32819				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	PD DVP SOERENSON, DALE <input type="checkbox"/> Delete 123 BRIDGEWAY BLVD ORLANDO, FL 32828		TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition Carol Kluzga 904 Bridgeway Blvd Orlando FL 32828	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VPS DP <input type="checkbox"/> Delete AGUAYO, PABLO 743 BRIDGEWAY BLVD ORLANDO, FL 32828		TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition Robert Bursch 13449 Old Oak Rd Orlando FL 32828	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	TD <input checked="" type="checkbox"/> Delete APPEL, DEBORAH 13442 OLD DOCIL RD ORLANDO, FL 32828		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	SD <input type="checkbox"/> Delete MASON, BLAKE 905 BRIDGEWAY BLVD ORLANDO, FL 32828		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete COOK, YOLWDY 13443 KITTY FORK RD ORLANDO, FL 32828		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
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 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: Dale Soerensen <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			President <small>Date</small>		4/21/06 <small>Daytime Phone #</small>



02202006 Chg-NP CR2E037 (11/05)

4. FEI Number **81-0595769** Applied For ☐ Not Applicable

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

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