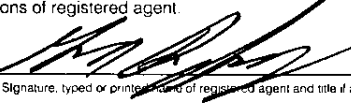


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90043 014 ****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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		02162007 Chg-NP CR2E037 (12/06)	
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 JACQUES, GREG 34 BRIDLE GATE CTT CRAWFORDVILLE, FL 32327			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  Greg Jacques, Treasurer 2-16-2007 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, 2007		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	SD Lorene Broussard 50 Shoemaker Ct. Crawfordville, FL 32327 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIES, ELLEN 77 BRIDLE GATE DR CRAWFORDVILLE, FL 32327 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JACQUES, GREG 34 BRIDLE GATE CT CRAWFORDVILLE, FL 32327 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRANNAN, TAMMY 22 SHOEMAKER CT CRAWFORDVILLE, FL 32327 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCKENZIE, MICHELLE 22 TRAYNOR CT CRAWFORDVILLE, FL 32327 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 2-16-2007 850-766-4894 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					