2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2007 8:00 am
Secretary of State
04-30-2007 90456 039 ****61.25

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1. Entity Name
BRIDGE WATER AT LAKE PICKETT HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5401 S. KIRKMAN RD., STE 450 ORLANDO, FL 32819	5401 S. KIRKMAN RD., STE 450 475 ORLANDO, FL 32819

DO NOT WRITE IN THIS SPACE

04272007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3491741
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COMMUNITY MGMT RD
5401 S. KIRKMAN RD., STE 450
ORLANDO, FL 32819

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	AGUAYO, PABLO
STREET ADDRESS	743 BRIDGEWAY BLVD
CITY-ST-ZIP	ORLANDO, FL 32828
TITLE	SD
NAME	MASON, BLAKE
STREET ADDRESS	905 BRIDGEWAY BLVD
CITY-ST-ZIP	ORLANDO, FL 32828
TITLE	DVP
NAME	SORENSON, DALE
STREET ADDRESS	423 BRIDGEWAY BLVD.
CITY-ST-ZIP	ORLANDO, FL 32828
TITLE	DVP
NAME	~~DALE, SORENSON~~ Robert Bursch
STREET ADDRESS	~~423 BRIDGEWAY BLVD~~ 13449 old Lock Rd
CITY-ST-ZIP	~~ORLANDO, FL 32828~~ Orlando 32828
TITLE	D
NAME	~~COOK, YOUNDY~~ Carol Kluza
STREET ADDRESS	~~13449 KITTY PORK RD~~ 904 Bridgeway Blvd
CITY-ST-ZIP	~~ORLANDO, FL 32828~~ Orlando FL 32828
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Pablo Aguayo President 5-17-07 407-273-8330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #