

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 10, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01000005775**

**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



07032007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
81-0595769

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CARPENTER, SUE  
5401 S. KIRKMAN RD., STE 450  
ORLANDO, FL 32819

**DO NOT WRITE  
IN THIS SPACE**

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

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 September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	DVP
NAME	SORENSEN, DALE
STREET ADDRESS	423 BRIDGEWAY BLVD
CITY - ST - ZIP	ORLANDO, FL 32828
TITLE	DP
NAME	AGUAYO, PABLO
STREET ADDRESS	743 BRIDGEWAY BLVD
CITY - ST - ZIP	ORLANDO, FL 32828
TITLE	TD
NAME	KLUZA, CAROL
STREET ADDRESS	904 BRIDGEWAY BOULEVARD
CITY - ST - ZIP	ORLANDO, FL 32828
TITLE	SD
NAME	MASON, BLAKE
STREET ADDRESS	905 BRIDGEWAY BLVD
CITY - ST - ZIP	ORLANDO, FL 32828
TITLE	D
NAME	BURSCH, ROBERT
STREET ADDRESS	13449 OLD DUCK ROAD
CITY - ST - ZIP	ORLANDO, FL 32828
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U000000767743  
07/10/07-80017-016 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/13/07