

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # N94000001695

1. Entity Name
**BRIDGEWATER HOMEOWNERS ASSOCIATION OF
MERRITT ISLAND, INC.**



Principal Place of Business Mailing Address
P O BOX 542226 P O BOX 542226
MERRITT ISLAND, FL 32954 US MERRITT ISLAND, FL 32954 US



01112008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3244920	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**HEISLER, LARRY E
874 WOODBINE DR
MERRITT ISLAND, FL 32952**

**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 May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BEYER, RICHARD E
STREET ADDRESS	8028 WOODBINE DR
CITY-ST-ZIP	MERRITT ISLAND, FL 32952

TITLE	T
NAME	HEISLER, LARRY E
STREET ADDRESS	874 WOODBINE DR
CITY-ST-ZIP	MERRITT ISLAND, FL 32952

TITLE	VP
NAME	GOODWIN, MICHELE
STREET ADDRESS	868 WOODBINE DR
CITY-ST-ZIP	MERRITT ISLAND, FL 32952

TITLE	S
NAME	HEISLER, LARRY E
STREET ADDRESS	874 WOODBINE DR
CITY-ST-ZIP	MERRITT ISLAND, FL 32952

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/28/08-80018-012 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 _____

21 Jan 08