


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90016 016 ****61.25

DOCUMENT # N98000000535					
1. Entity Name BRIDGE WATER AT LAKE PICKETT HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 5401 S. KIRKMAN RD., STE 450 ORLANDO, FL 32819			Mailing Address 5401 S. KIRKMAN RD., STE 450 475 ORLANDO, FL 32819		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3491741	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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			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 _____ (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. <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	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGUAYO, PABLO		NAME		
STREET ADDRESS	743 BRIDGEWAY BLVD		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32828		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASON, BLAKE		NAME		
STREET ADDRESS	905 BRIDGEWAY BLVD		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32828		CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	<i>Sorenson, Dale</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SORENSEN, DALE		NAME	<i>923 Bridgeway Blvd</i>	
STREET ADDRESS	423 BRIDGEWAY BLVD.		STREET ADDRESS	<i>Orlando FL 32828</i>	
CITY-ST-ZIP	ORLANDO, FL 32828		CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	<i>Bunsch Robert</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURSCH, ROBERT		NAME	<i>13449 Old Dock Rd</i>	
STREET ADDRESS	13449 OLD DOCK RD		STREET ADDRESS	<i>Orlando FL 32828</i>	
CITY-ST-ZIP	ORLANDO, FL 32828		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRUZA, CAROL		NAME		
STREET ADDRESS	904 BRIDGEWAY BLVD		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32828		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: <i>Robert Sorenson</i>			Date: <i>1/10/08</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		