

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90162 039 ****61.25

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DOCUMENT # **N 980000000335**

1. Entity Name **BRIDGEWATER AT LAKE PICKETT HOMEOWNERS ASSN. INC.**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **5401 S. Kirkman Rd** 3. Mailing Address **5401 S. Kirkman Rd**

Suite, Apt. #, etc. **475** Suite, Apt. #, etc. **475**

City & State **Orlando FL** City & State **Orlando FL**

Zip **32819** Country Country **32819**

DO NOT WRITE IN THIS SPACE

4. FEI Number **59 3491741**

Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **Community Mgmt Prof. Inc.**

Street Address (P.O. Box Number is Not Acceptable) **5401 S. Kirkman Rd**

Suite, Apt. #, etc. **Suite 475**

City **Orlando** FL **32819**

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 *Jeff Carpenter, Pres.*

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

DATE **1-21-03**

FEE IS \$61.25

Initial or Amended UBR

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SEAN FROELICH 5200 VINELAND RD, #200 ORLANDO FL 32811
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP Jim DIETCH 5200 Vineland Rd #200 ORLANDO FL 32811
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP Helmut Mohle 5200 Vineland Rd #200 ORLANDO FL 32811
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Pablo Aguayo 743 Bridgeway Blvd ORLANDO FL 32828
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowerments.

SIGNATURE: *Helmut Mohle*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1/28/03** **407/903-9969** **#105**

Daytime Phone #

CR2E037B (12/02)