

AMENDED

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N01000005775 1. Entity Name THE BRIDGE WATER PHASE II HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 5401 KIRKMAN ROAD STE 475 ORLANDO, FL 32819			Mailing Address 5401 KIRKMAN ROAD STE 475 ORLANDO, FL 32819		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 81-0595769	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent CARPENTER, SUE 5401 KIRKMAN ROAD STE 475 ORLANDO, FL 32819					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 000023645030 10/08/03--01041--008 City FL Zip Code 32812					
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 amending) _____ DATE _____					
FILE NOW: FEE IS \$61.25 (Initial 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FROELICH, SEAN 5200 VINELAND RD STE 200 ORLANDO, FL 32811	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CAVARETTA, CHARLES F. 5200 Vineland Road, Suite 200 Orlando, FL 32811	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MOHLE, HELMUT 5200 VINELAND RD. ORLANDO, FL 32811	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DEITCH, JAMES 5200 Vineland Road, Suite 200 Orlando, FL 32811	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WEGNER, WILLIAM 5200 VINELAND RD STE 200 ORLANDO, FL 32811	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PROULX, CYNTHIA M. 520 Vineland Road, Suite 200 Orlando, FL 32811	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Charles Cavaretta</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			09/17/03 407-589-3068 Date Phone #		

Charles F. Cavaretta, President

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

CR2E037 (10/02)

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