

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005775

FILED
Apr 04, 2013
Secretary of State
CC5614642509**Entity Name:** THE BRIDGE WATER PHASE II HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**4700 MILLENIA BLVD.
STE. 515
ORLANDO, FL 32839**Current Mailing Address:**4700 MILLENIA BLVD.
STE. 515
ORLANDO, FL 32839**FEI Number: 81-0595769****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**COMMUNITY MANAGEMENT PROFESSIONALS
4700 MILLENIA BLVD
SUITE 515
ORLANDO, FL 32839 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	SORENSEN, DALE
Address	4700 MILLENIA BLVD. STE. 515
City-State-Zip:	ORLANDO FL 32839

Title	S
Name	KLUZA, CAROL
Address	4700 MILLENIA BLVD. STE. 515
City-State-Zip:	ORLANDO FL 32839

Title	D
Name	AGUAYO , PABLO G
Address	4700 MILLENIA BLVD. STE. 515
City-State-Zip:	ORLANDO FL 32839

Title	VP
Name	MASON, BLAKELY
Address	4700 MILLENIA BLVD. STE. 515
City-State-Zip:	ORLANDO FL 32839

Title	T
Name	ROLDAN, PETE
Address	4700 MILLENIA BLVD. STE. 515
City-State-Zip:	ORLANDO FL 32839

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DALE SORENSEN**PRESIDENT****04/04/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date