

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000005775

**FILED**  
**Mar 04, 2016**  
**Secretary of State**  
**CC5779062740****Entity Name:** THE BRIDGE WATER PHASE II HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**4700 MILLENIA BLVD.  
SUITE 515  
ORLANDO, FL 32839**Current Mailing Address:**4700 MILLENIA BLVD.  
SUITE 515  
ORLANDO, FL 32839 US**FEI Number: 81-0595769****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ASSOCIA/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: SUZAN KEARNS****03/04/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT	Title	VP
Name	SORENSEN, DALE	Name	CHAMPLIN, JEFFREY J.
Address	4700 MILLENIA BLVD. SUITE 515	Address	4700 MILLENIA BLVD. SUITE 515
City-State-Zip:	ORLANDO FL 32839	City-State-Zip:	ORLANDO FL 32839
Title	SECRETARY	Title	TREASURER
Name	COMEAU, JOHN	Name	ROLDAN, PETE
Address	4700 MILLENIA BLVD. SUITE 515	Address	4700 MILLENIA BLVD. SUITE 515
City-State-Zip:	ORLANDO FL 32839	City-State-Zip:	ORLANDO FL 32839
Title	DIRECTOR 4		
Name	BETANCOURT, VINCENT & NOENE		
Address	4700 MILLENIA BLVD. SUITE 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****03/04/2016**

Electronic Signature of Signing Officer/Director Detail

Date