

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000007193

**FILED**  
**Mar 17, 2015**  
**Secretary of State**  
**CC9807011926**

**Entity Name:** BRIDGEWATER PLACE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

115 112TH AVE. NE  
ST. PETERSBURG, FL 33716

**Current Mailing Address:**

4302 HENDERSON BLVD.  
SUITE 114  
TAMPA, FL 33629

**FEI Number:** 20-5311423

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

GOEDE & ADAMCZYK, INC.  
8950 FONTANA DEL SOL WAY #100  
NAPLES, FL 34109 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 D  
Name HELLER, RON  
Address 4302 HENDERSON BLVD. # 114  
City-State-Zip: TAMPA FL 33629

Title P  
Name DRAYCOTT, ANGELA  
Address 4302 HENDERSON BLVD. # 114  
City-State-Zip: TAMPA FL 33629

Title T/S  
Name POLK, MICHAEL  
Address 4302 HENDERSON BLVD. # 114  
City-State-Zip: TAMPA FL 33629

Title D  
Name CARSON, SHAUNA  
Address 4302 HENDERSON BLVD. # 114  
City-State-Zip: TAMPA FL 33629

Title D  
Name KOTWANI, NARESH  
Address 4302 HENDERSON BLVD. # 114  
City-State-Zip: TAMPA FL 33629

*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:** ANGELA DRAYCOTT

**PRESIDENT**

**03/17/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date