

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

DOCUMENT# N94000001695

**Entity Name:** BRIDGEWATER HOMEOWNERS ASSOCIATION OF MERRITT ISLAND, INC.**FILED**  
**Mar 29, 2015**  
**Secretary of State**  
**CC7888850971****Current Principal Place of Business:**2722 BARROW DRIVE  
MERRITT ISLAND, FL 32952**Current Mailing Address:**P O BOX 542226  
MERRITT ISLAND, FL 32954 US**FEI Number: 59-3244920****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**HALE, CAROLYN H  
2722 BARROW DRIVE  
MERRITT ISLAND, FL 32952 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:** CAROLYN H. HALE**03/29/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT
Name	HALE, CAROLYN H
Address	2722 BARROW DRIVE
City-State-Zip:	MERRITT ISLAND FL 32952

Title	TREASURER
Name	REGAN, RON
Address	830 WOODBINE DR
City-State-Zip:	MERRITT ISLAND FL 32952

Title	VP
Name	PROBERT, MARIE
Address	2707 BARROW DRIVE
City-State-Zip:	MERRITT ISLAND FL 32952

Title	SECRETARY
Name	WEIBERT, SUSAN
Address	847 WOODBINE DR
City-State-Zip:	MERRITT ISLAND FL 32952

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:** CAROLYN H. HALE**PRESIDENT****03/29/2015**

Electronic Signature of Signing Officer/Director Detail

Date