

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002310

Entity Name: BRIDLE GATE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**52 TRAYNOR COURT
CRAWFORDVILLE, FL 32327**Current Mailing Address:**PO BOX 1088
CRAWFORDVILLE, FL 32326**FEI Number:** 59-3590141**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HIERS, CRYSTAL D
52 TRAYNOR COURT
CRAWFORDVILLE, FL 32327 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:** CRYSTAL D. HIERS

02/04/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name UNDERWOOD, VICKIE
Address 60 SHOEMAKER CT.
City-State-Zip: CRAWFORDVILLE FL 32327

Title D
Name CHAPMAN, ELLEN
Address 77 BRIDLE GATE DR
City-State-Zip: CRAWFORDVILLE FL 32327

Title TD
Name HIERS, CRYSTAL D
Address 52 TRAYNOR COURT
City-State-Zip: CRAWFORDVILLE FL 32327

Title D
Name MCKENZIE, MICHELLE
Address 33 TRAYNOR CT
City-State-Zip: CRAWFORDVILLE FL 32327

Title SD
Name JACQUES, DEBORAH
Address 34 BRIDLE GATE CT.
City-State-Zip: CRAWFORDVILLE FL 32327

Title VD
Name DIXON, DEBBIE
Address 40 BRIDLE GATE COURT
City-State-Zip: CRAWFORDVILLE FL 32327

Title D
Name MCKAY, ALLYSON
Address 61 TRAYNOR COURT
City-State-Zip: CRAWFORDVILLE FL 32327

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: CRYSTAL D. HIERS**TREASURER**

02/04/2014

Electronic Signature of Signing Officer/Director Detail

Date