

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000002310

**Entity Name:** BRIDLE GATE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**34 SHOEMAKER CT.  
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:**HEWITT, ALBERT S  
34 SHOEMAKER CT.  
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:**\_\_\_\_\_  
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	SD
Name	CHAPMAN, ELLEN
Address	77 BRIDLE GATE DR
City-State-Zip:	CRAWFORDVILLE FL 32327

Title	TD
Name	HEWITT, ALBERT S
Address	34 SHOEMAKER CT
City-State-Zip:	CRAWFORDVILLE FL 32327

Title	VD
Name	GAYNOR, MEREDITH
Address	59 SHOEMAKER CT
City-State-Zip:	CRAWFORDVILLE FL 32327

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

Title	D
Name	MCGEHEE, GINA
Address	27 SHOEMAKER CT.
City-State-Zip:	CRAWFORDVILLE FL 32327

Title	DIRECTOR
Name	JACQUES, DEBORAH
Address	34 BRIDLE GATE CT.
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: ALBERT S. HEWITT****TREASURER****01/21/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date