

**2015 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

02/21/2015

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

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

Title SD  
Name DIXON, DEBBIE  
Address 40 BRIDLE GATE CT.  
City-State-Zip: CRAWFORDVILLE FL 32327

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

Title D  
Name AZZARITO, JOHN  
Address 56 BRIDLE GATE DR.  
City-State-Zip: CRAWFORDVILLE FL 32327

Title D  
Name POOLE, ANDERSON  
Address 51 TRAYNOR CT.  
City-State-Zip: CRAWFORDVILLE FL 32327

Title D  
Name MCMILLEN, BEN  
Address 6 SHOEMAKER 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:** CRYSTAL D. HIERS**TREASURER**

02/21/2015

Electronic Signature of Signing Officer/Director Detail

Date