## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002310

Entity Name: BRIDLE GATE HOMEOWNERS ASSOCIATION, INC.

FILED
Jan 12, 2024
Secretary of State
5502315917CC

## **Current Principal Place of Business:**

9 BRIDLE GATE DRIVE CRAWFORDVILLE, FL 32327

## **Current Mailing Address:**

P.O. BOX 515

CRAWFORDVILLE, FL 32326 US

FEI Number: 59-3590141 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

PAYTON, ROGER 74 BRIDLE GATE DRIVE 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: ROGER PAYTON 01/12/2024

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT Title TREASURER

Name PAYTON, ROGER Name LEFTENANT, NATALIE

Address 9 BRIDLE GATE DRIVE Address P.O. BOX 515

City-State-Zip: CRAWFORDVILLE FL 32327 City-State-Zip: CRAWFORDVILLE FL 32326

Title SECRETARY Title VP

Name CHAPMAN, ELLEN Y Name HARPER, KAREN
Address P.O. BOX 515 Address P.O. BOX 515

City-State-Zip: CRAWFORDVILLE FL 32326 City-State-Zip: CRAWFORDVILLE FL 32327

TitleDIRECTORTitleDIRECTORNameDAVIS, TOMNameQUINTON, GAILAddressP.O. BOX 515AddressP.O. BOX 515

City-State-Zip: CRAWFORDVILLE FL 32326 City-State-Zip: CRAWFORDVILLE FL 32326

Title DIRECTOR Title DIRECTOR

Name EARL, DOTSON Name JOHNSON, BRENDA

Address P.O. BOX 515 Address P.O. BOX 515

City-State-Zip: CRAWFORDVILLE FL 32326 City-State-Zip: CRAWFORDVILLE FL 32326

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: ROGER PAYTON PRESIDENT 01/12/2024