2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002255

FILED Apr 18, 2008 Secretary of State

Entity Name: BRIDGEWATER BAY GARDEN HOMES ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 2055 TRADE CENTER WAY 6700 LONE OAK BLVD. NAPLES, FL 34109 NAPLES, FL 34109 **Current Mailing Address: New Mailing Address:** 2055 TRADE CENTER WAY 6700 LONE OAK BLVD NAPLES, FL 34109 NAPLES, FL 34109 FEI Number: 59-3716385 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: **GUARDIAN PROPERTY MANAGEMENT** 6700 LONE OAK BLVD NAPLES, FL 34109 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition FORD, JAMES LYONS, PAUL Name: Name: 3039 HORIZON LN. #2104 Address: 3043 HORIZON LANE, #2008 Address: City-St-Zip: NAPLES, FL 34109 City-St-Zip: NAPLES, FL 34109 Title: Title: (X) Change () Addition () Delete LYONS, PAUL Name: LIPMAN, STEVE Name: Address: 3043 HORIZON LN. #2008 Address: 3013 DRIFTWOOD WAY, #2905 City-St-Zip: NAPLES, FL 34109 City-St-Zip: NAPLES, FL 34109 Title: () Delete Title: (X) Change () Addition MALFETTI, NUNZIO CLOKEY, SUE Name: Name: 3035 HORIZON LANE, #2203 3013 DRIFTWOOD WAY, #2907 Address: Address: City-St-Zip: NAPLES, FL 34109 City-St-Zip: NAPLES, FL 34109 Title: () Delete Title: () Change (X) Addition Name: Name: HOULIHAN, FRANK 3015 HORIZON LANE, #2706 Address: Address: City-St-Zip: City-St-Zip: NAPLES, FL 34109 Title: () Delete Title: () Change (X) Addition TAFUTO, LOU Name: Name: 3031 HORIZON LANE, #2307 Address: Address: NAPLES, FL 34109 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BYRON ROSS MGR 04/18/2008