

**2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Sep 30, 2010**  
**Secretary of State**

DOCUMENT# N00000002255

**Entity Name:** BRIDGEWATER BAY GARDEN HOMES ASSOCIATION, INC.**Current Principal Place of Business:**3701 TAMIAMI TRAIL NORTH  
THIRD FLOOR  
NAPLES, FL 34103**New Principal Place of Business:**3070 BRIDGEWATER BAY BLVD  
NAPLES, FL 34109**Current Mailing Address:**3701 TAMIAMI TRAIL NORTH  
THIRD FLOOR  
NAPLES, FL 34103**New Mailing Address:**C/O AMERICAN PROPERTY MANAGEMENT SERVICES  
4280 TAMIAMI TRAIL EAST #204  
NAPLES, FL 34112**FEI Number:** 59-3716385**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**COMPASS GROUP  
3701 TAMIAMI TRAIL NORTH  
THIRD FLOOR  
NAPLES, FL 34103 US**Name and Address of New Registered Agent:**AMERICAN PROPERTY MANAGEMENT SERVICES  
4280 TAMIAMI TRAIL EAST  
SUITE 204  
NAPLES, FL 34112 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: ORLANDO MISERENDINO ORTIZ

09/30/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LYONS, PAUL  
Address: 3043 HORIZON LANE, #2008  
City-St-Zip: NAPLES, FL 34109

Title: VP  
Name: PERRY, MANUEL  
Address: 3015 HORIZON LANE #2708  
City-St-Zip: NAPLES, FL 34109

Title: S  
Name: CLOKEY, SUE  
Address: 3013 DRIFTWOOD WAY, #2907  
City-St-Zip: NAPLES, FL 34109

Title: D  
Name: MILOTTE, ELLEN  
Address: 3039 HORIZON LANE, #2107  
City-St-Zip: NAPLES, FL 34109

Title: T  
Name: PRINCIPE, JOHN  
Address: 500 PECONIC STREET #23-1A  
City-St-Zip: RONKONKOMA, NY 11779

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: PAUL LYONS

P

09/30/2010

Electronic Signature of Signing Officer or Director

Date