2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2009
Secretary of State

DOCUMENT# N00000004686

Entity Name: BRIDGEFORD OAKS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

VANGUARD MANAGEMENT GROUP
9300 NORTH 16TH ST
TAMPA, FL 33612

New Principal Place of Business:

Current Mailing Address:

VANGUARD MANAGEMENT GROUP
9300 NORTH 16TH ST
TAMPA, FL 33612

New Mailing Address:

FEI Number: 59-3688992 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WINFIELD, JANET
9300 NORTH 16TH ST
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

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:

Title: PD ( ) Delete
Name: JONES, JOSEPH D JR
Address: 9300 NORTH 16TH ST
City-St-Zip: TAMPA, FL 33612

Title: VP ( ) Delete
Name: SPEKIS, RICHARD
Address: 9300 NORTH 16TH ST
City-St-Zip: TAMPA, FL 33612

Title: T ( ) Delete
Name: BAIO, AUDREY
Address: 9300 NORTH 16TH ST
City-St-Zip: TAMPA, FL 33612

Title: S ( ) Delete
Name: MCBRYDE, JUNETTE
Address: 9300 NORTH 16TH ST
City-St-Zip: TAMPA, FL 33612

Title: DL ( ) Delete
Name: BROWN, YOLANDA
Address: 9300 NORTH 16TH ST
City-St-Zip: TAMPA, FL 33612

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: CHATMAN, GLORIA
Address: 9300 NORTH 16TH ST
City-St-Zip: TAMPA, FL 33612

Title: D (X) Change ( ) Addition
Name: LYONS, MYRTHA
Address: 9300 NORTH 16TH ST
City-St-Zip: TAMPA, FL 33612

Title: T (X) Change ( ) Addition
Name: BROWN, YOLANDA
Address: 9300 NORTH 16TH ST
City-St-Zip: TAMPA, FL 33612

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: JANET WINFIELD AGEN 02/24/2009

Electronic Signature of Signing Officer or Director — Date