

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90536 001 \*\*\*122.50

**DOCUMENT # N01000005775**

1. Entity Name  
THE BRIDGE WATER PHASE II HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business  
5401 KIRKMAN ROAD  
STE 475  
ORLANDO, FL 32819

Mailing Address  
5401 KIRKMAN ROAD  
STE 475  
ORLANDO, FL 32819



2. Principal Place of Business  
5401 S. KIRKMAN RD  
Suite, Apt. #, etc.  
STE 450

3. Mailing Address  
5401 S. KIRKMAN RD  
Suite, Apt. #, etc.  
STE 450

02232004 Chg-NP CR2E037 (10/03)

City & State  
ORLANDO, FL  
Zip  
32819  
Country

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ORLANDO, FL  
Zip  
32819  
Country

4. FEI Number  
81-0595769

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
CARPENTER, SUE  
5401 KIRKMAN ROAD  
STE 475  
ORLANDO, FL 32819

7. Name and Address of New Registered Agent  
Name: Community Management Professionals  
Street Address (P.O. Box Number is Not Acceptable): 5401 S. KIRKMAN ROAD  
STE. 450  
City: ORLANDO FL Zip Code: 32819

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Sue Carpenter President Community Management Professionals* DATE: 3/25/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CAVARETTA, CHARLES F 5200 VINELAND RD STE 200 ORLANDO, FL 32811 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DEITCH, JAMES 5200 VINELAND RD., STE 200 ORLANDO, FL 32811 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LANCE LIGON 5200 VINELAND ROAD, STE 200 ORLANDO, FL 32811 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PROULX, CYNTHIA M 5200 VINELAND RD STE 200 ORLANDO, FL 32811 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jim Morris, Chairman of the Board* DATE: 3/25/04 DAYTIME PHONE #: 407-903-9269

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR