

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90870 001 ***122.50

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



Principal Place of Business
**5401 S. KIRKMAN RD., STE 450
ORLANDO, FL 32819**

Mailing Address
**5401 S. KIRKMAN RD., STE 450
STE 475
ORLANDO, FL 32819**

00001001



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042005 Chg-NP CR2E037 (10/03)

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

7. Name and Address of New Registered Agent

**CARPENTER, SUE
5401 S. KIRKMAN RD., STE 450
ORLANDO, FL 32819**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
DALE SORENSON
423 BRIDGEWAY BLVD.
ORLANDO, FL 32828** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
LIGON, LANCE
5200 VINELAND RD., STE 200
ORLANDO, FL 32811** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
PABLO AGUAYO
743 BRIDGEWAY BLVD.
ORLANDO, FL 32828** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
PROULX, CYNTHIA M
5200 VINELAND RD STE 200
ORLANDO, FL 32811** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
DEBORAH APPEL
13442 OLD DOCK RD.
ORLANDO, FL 32828** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
BLAKE MASON
905 BRIDGEWAY BLVD.
ORLANDO, FL 32828** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DOUNDY COOK
13443 KITTY FORD RD
ORLANDO, FL 32828** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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: *Dale Sorenson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/05 *407-482-1565*
Date Daytime Phone #