


.2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 08:00 AM
Secretary of State

DOCUMENT # N01000005775

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**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



01082008 Chg-NP CR2E037 (12/06)

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 S. KIRKMAN RD., STE 450
 ORLANDO, FL 32819**

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008

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

TITLE	DVP	<input type="checkbox"/> Delete
NAME	SORENSEN, DALE	
STREET ADDRESS	423 BRIDGEWAY BLVD	
CITY-ST-ZIP	ORLANDO, FL 32828	
TITLE	DP	<input type="checkbox"/> Delete
NAME	AGUAYO, PABLO	
STREET ADDRESS	743 BRIDGEWAY BLVD	
CITY-ST-ZIP	ORLANDO, FL 32828	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KLUZA, CAROL	
STREET ADDRESS	904 BRIDGEWAY BOULEVARD	
CITY-ST-ZIP	ORLANDO, FL 32828	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MASON, BLAKE	
STREET ADDRESS	905 BRIDGEWAY BLVD	
CITY-ST-ZIP	ORLANDO, FL 32828	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURSCH, ROBERT	
STREET ADDRESS	13449 OLD DUCK ROAD	
CITY-ST-ZIP	ORLANDO, FL 32828	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	000000868855	
CITY-ST-ZIP	04/09/08-80025-024 61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Robert Bursch* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

_____ Date _____ Daytime Phone # _____