

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90164 025 ****61.25

DOCUMENT # NO1000005775

1. Entity Name

THE BRIDGE WATER PHASE II HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

**5401 KIRKMAN ROAD. SUITE 475
STE 400
ORLANDO FL 32819**

Mailing Address

**5401 KIRKMAN ROAD. SUITE 475
STE 400
ORLANDO FL 32819**

2. Principal Place of Business

Suite, Apt. #, etc
475

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc
475

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
81-0595749

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 400
ORLANDO FL 32819**

7. Name and Address of New Registered Agent

Name

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

Suite 475

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

FILE NOW: FEE IS \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
FROELICH, SEAN
5200 VINELAND RD STE 200
ORLANDO FL 32811** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
MOORE, WILLIAM
5200 VINELAND RD STE 200
ORLANDO FL 32811** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
WEGNER, WILLIAM
5200 VINELAND RD STE 200
ORLANDO FL 32811** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
Helmut MOHLE
5200 VINELAND Rd
ORLANDO FL 32811** ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGATURE MOHLE

1-28-03 407/909-9969

CR2E037 (10/02)