

**AMENDED**

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                              |                                                                                                                 |                                                                      |                                                                                                        |                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # N01000005775</b><br>1. Entity Name<br><b>THE BRIDGE WATER PHASE II HOMEOWNERS' ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                              |                                                                                                                 |                                                                      |                                                                                                        |                                                                              |
| Principal Place of Business<br>5401 KIRKMAN ROAD<br>STE 475<br>ORLANDO, FL 32819                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                              |                                                                                                                 | Mailing Address<br>5401 KIRKMAN ROAD<br>STE 475<br>ORLANDO, FL 32819 |                                                                                                        |                                                                              |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                              |                                                                                                                 | 3. Mailing Address<br><br>Suite, Apt. #, etc.                        |                                                                                                        |                                                                              |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                              |                                                                                                                 | City & State                                                         |                                                                                                        |                                                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                              | Country                                                                                                         |                                                                      | 4. FEI Number<br><b>81-0595769</b>                                                                     |                                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                              |                                                                                                                 |                                                                      | Applied For<br><input type="checkbox"/> Not Applicable                                                 |                                                                              |
| 6. Name and Address of Current Registered Agent<br><br><b>CARPENTER, SUE</b><br><b>5401 KIRKMAN ROAD</b><br><b>STE 475</b><br><b>ORLANDO, FL 32819</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                              |                                                                                                                 |                                                                      |                                                                                                        |                                                                              |
| 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>000023645030</b><br/> <b>10/08/03--01041--008</b> </div> City <b>FL</b> Zip Code <b>32819</b>                                                                                                                                                                                                                                                                                                                                                     |                                                                                              |                                                                                                                 |                                                                      |                                                                                                        |                                                                              |
| 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 _____ (NOTE: Registered Agent signature required when amending) _____ DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                              |                                                                                                                 |                                                                      |                                                                                                        |                                                                              |
| <b>FILE NOW: FEE IS \$61.25</b><br><b>TRIMMING AVAILABLE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                              | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |                                                                      | Make Check Payable to<br>Florida Department of State                                                   |                                                                              |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                              |                                                                                                                 | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>         |                                                                                                        |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PD<br><b>FROELICH, SEAN</b><br><b>5200 VINELAND RD STE 200</b><br><b>ORLANDO, FL 32811</b>   | <input checked="" type="checkbox"/> Delete                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | DP<br><b>CAVARETTA, CHARLES F.</b><br><b>5200 Vineland Road, Suite 200</b><br><b>Orlando, FL 32811</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DVP<br><b>MOHLE, HELMUT</b><br><b>5200 VINELAND RD.</b><br><b>ORLANDO, FL 32811</b>          | <input checked="" type="checkbox"/> Delete                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | DVP<br><b>DEITCH, JAMES</b><br><b>5200 Vineland Road, Suite 200</b><br><b>Orlando, FL 32811</b>        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | STD<br><b>WEGNER, WILLIAM</b><br><b>5200 VINELAND RD STE 200</b><br><b>ORLANDO, FL 32811</b> | <input checked="" type="checkbox"/> Delete                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | DST<br><b>PROULX, CYNTHIA M.</b><br><b>520 Vineland Road, Suite 200</b><br><b>Orlando, FL 32811</b>    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                              | <input type="checkbox"/> Delete                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       |                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                              | <input type="checkbox"/> Delete                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>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: <i>Charles Cavaretta</i><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                              |                                                                                                                 | 09/17/03 407-589-3068<br>Date Phone #                                |                                                                                                        |                                                                              |

**Charles F. Cavaretta, President**

**FILED**

03 OCT -8 AM 11:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

CR2E037 (10/02)

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