

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90422 025 \*\*\*\*61.25

**DOCUMENT # N02000008526**

1. Entity Name

**BRIDGEWATER AT FLAGLER BEACH CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business

**2001 PALM DRIVE  
FLAGLER BEACH FL 32136**

Mailing Address

**PO BOX 352801  
PALM COAST FL 32135**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

**20-0038564**

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

**ANNON, FRED  
7 FLORIDA PK N  
C  
PALM COAST FL 32137**

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

*Fred Annon, Jr.*  
Signature, typed or printed name of registered agent and fee, if applicable

**Fred Annon, Jr. Palm Coast Property Management Co.**

(NOTE: Registered Agent signature required when resigning)

DATE

**04-11-2006**

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

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 **DP** ☒ Delete  
NAME **JEBBIA, NICK**  
STREET ADDRESS **P.O. BOX 2027**  
CITY-ST-ZIP **FLAGLER BEACH FL 32136**

TITLE **DP** ☐ Change ☒ Addition  
NAME **Barrett, Thomas**  
STREET ADDRESS **2001 Palm Drive, Unit A101**  
CITY-ST-ZIP **Flagler Beach, Fl. 32136**

TITLE **DVP** ☒ Delete  
NAME **MORGAN, MICHAEL**  
STREET ADDRESS **P.O. BOX 2027**  
CITY-ST-ZIP **FLAGLER BEACH FL 32136**

TITLE **DVP** ☐ Change ☒ Addition  
NAME **England, Jane**  
STREET ADDRESS **2001 Palm Drive, Unit #A103**  
CITY-ST-ZIP **Flagler Beach, Fl. 32136**

TITLE **DST** ☒ Delete  
NAME **THIBOS, MARK**  
STREET ADDRESS **2001 PAL DR, UNIT # H103**  
CITY-ST-ZIP **FLAGLER BEACH FL 32136**

TITLE **DS** ☐ Change ☒ Addition  
NAME **Mattes, Edward**  
STREET ADDRESS **2001 Palm Drive, Unit # A103**  
CITY-ST-ZIP **Flagler Beach, Fl. 32136**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DT** ☐ Change ☒ Addition  
NAME **Springsteen, Lawrence**  
STREET ADDRESS **2001 Palm Drive, Unit #G101**  
CITY-ST-ZIP **Flagler Beach, Fl. 32136**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
NAME **Mahoney, Kean**  
STREET ADDRESS **2001 Palm Drive, Unit #F103**  
CITY-ST-ZIP **Flagler Beach, Fl. 32136**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 Section 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:

*Thomas Barrett* President

4/16/06 (386) 446-6333