N02351

1350 Win	TTWOO HILLIP REALTURES C O R P O R A I Association Division Orange Avenue, So ther Park, FL 32789 State/Zip/Phon	F D on nite 100 0-4932
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Doc	ument Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	
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SECRETARY OF STATE
SECRETARY FLORID.

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of char	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this age is submitted for a corporation organized under the laws of the State of <u>Florida</u> to change its registered office or registered agent, or both, in the State of Florida.
	ne corporation: Bridgewater Neighborhood Association Inc.
2. The principal of	office address: 1350 Orange Ave Ste 100, Winter Park FL 32789-4932
3. The mailing ac	Idress (if different): S/a
4. Date of incorp	oration/qualification: 4/3/1984 Document number: N02351
5. The name and Florida Depart	street address of the current registered agent and registered office on file with the ment of State:
,	Gasperoni & Fletcher PA
	931 Wekiva Springs Road PRE 23 Longwood FL 32779
	Longwood FL 32779
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office 2
	Gasperoni & Fletcher PA
	156 S Charles Richard Beall Blvd Ste 2 (P.O.Box NOT acceptable) Debary FL 32713
The street address as changed will be	es of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.
150	e of an officer or director) (Printed or typed name and hills)
I hereby accept to a further agree to of my duties, and document is bein	the appointment as registered agent and agree to act in this capacity. The comply with the provisions of all statutes relative to the proper and complete performance if a miliar with and accept the obligation of my position as registered agent. Or, if this is gifted merely to reflect a change in the registered office address, I hereby confirm that the been not feel in writing of this change.
	lature of Registered Agent) (Date)
If signing on beh	
(Ту	ped or Printed Name)

Make Checks Payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)

* * * FILING FEE: \$35.00 * * *