## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02351

FILED Apr 13, 2009 Secretary of State

Entity Name: BRIDGEWATER NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 385 DOUGLAS AVE STE 3000 ALTAMONTE SPRINGS, FL 32714 US **New Mailing Address: Current Mailing Address:** 385 DOUGLAS AVE STE 3000 ALTAMONTE SPRINGS, FL 32714 US FEI Number: 59-2432897 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LARSEN & ASSOC PA. 300 S. ORANGE AVE **SUITE 1200** ORLANDO, FL 32801 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition ASNANI, BHAGWAN Name: Name: 1449 SHADWELL CIR. Address: Address: City-St-Zip: HEATHROW, FL 32746 City-St-Zip: Title: () Delete Title: () Change () Addition BLACKBURN, JERRY Name: Name: Address: 1422 BRISTOL PARK PL Address: City-St-Zip: HEATHROW, FL 32746 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition WIGNTON, JUDY WIGNTON, JUDY Name: Name: 311 S DOVER CT Address: 21 S. DOVER CT. Address: City-St-Zip: LAKE MARY, FL 32746 City-St-Zip: LAKE MARY, FL 32746 Title: DS () Delete Title: D (X) Change ( ) Addition Name: FEDER, EDWARD Name: BITAR, JAY 372 N SPAULDING CT Address: 1416 SHADWELL CIR Address: City-St-Zip: HEATHROW, FL 32746 City-St-Zip: HEATHROW, FL 32746 Title: () Delete Title: DS (X) Change ( ) Addition LORIE, PETER LORIE, PETER Name: Name: 300 SADDLEWORTH PL 300 SADDLEWORTH PL Address: Address: City-St-Zip: HEATHROW, FL 32746 City-St-Zip: HEATHROW, FL 32746 Title: () Delete Title: (X) Change ( ) Addition SNYDER, JULIA SNYDER, JULIA Name: Name: Address: 1472 SHADWELL CIR Address: 1472 SHADWELL CIR HEATHROW, FL 32746 HEATHROW, FL 32746 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERALD BLACKBURN DP 04/13/2009