2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# N03000003506

Entity Name: BRIDGEWATER COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

C/O REAL MANAGE
4902 EISHENHOWER BLVD, SUITE 216
TAMPA, FL 33634

New Principal Place of Business:

Current Mailing Address:

C/O REAL MANAGE
4902 EISHENHOWER BLVD, SUITE 216
TAMPA, FL 33634

New Mailing Address:

FEI Number: 55-0882781 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WADE MYERS, REALMANAGE,LLC
ONE PRESIDENT PLAZA
4902 EISENHOWER BLVD, SUTIE 216
TAMPA, FL 33634 US

Name and Address of New Registered Agent:

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:

Title: PD ( ) Delete
Name: SPECTOR, MARK
Address: 4902 EISENHOWER BLVD, STE 216
City-St-Zip: TAMPA, FL 33634

Title: VPTD ( ) Delete
Name: LANGSTON, THOMAS
Address: 4902 EISENHOWER BLVD, STE 216
City-St-Zip: TAMPA, FL 33634

Title: SD ( ) Delete
Name: CHADICK, CHERYL
Address: 4902 EISENHOWER BLVD, STE 216
City-St-Zip: TAMPA, FL 33634

Title: D ( ) Delete
Name: VORIS, SAMUEL
Address: 4902 EISENHOWER BLVD, STE 216
City-St-Zip: WESLEY CHAPEL, FL 33634

Title: D ( ) Delete
Name: COLL, JOSEPH
Address: 4902 EISENHOWER BLVD, STE 216
City-St-Zip: TAMPA, FL 33634

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: MARK SPECTOR PD 01/20/2009

Electronic Signature of Signing Officer or Director — Date