

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008897

FILED  
Mar 08, 2009  
Secretary of State

**Entity Name:** DOUBLE BRIDGES HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

200 DARK HORSE LANE  
HASTINGS, FL 32145

**New Principal Place of Business:**

**Current Mailing Address:**

200 DARK HORSE LANE  
HASTINGS, FL 32145

**New Mailing Address:**

**FEI Number:** 20-0776824

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JONES, KATHERINE G  
780 N PONCE DE LEON BLVD  
ST AUGUSTINE, FL 32084 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: P/D ( ) Delete  
Name: WADSWORTH, LEWIS E III  
Address: 200 DARK HORSE LANE  
City-St-Zip: HASTINGS, FL 32145

Title: ST/D ( ) Delete  
Name: WADSWORTH, LYNETTE  
Address: 200 DARK HORSE LANE  
City-St-Zip: HASTINGS, FL 32145

Title: VP/D ( ) Delete  
Name: ROGELL, JOHN  
Address: PO BOX 10837  
City-St-Zip: DAYTONA BEACH, FL 32120 US

Title: D ( ) Delete  
Name: WALKER, STACY  
Address: 315 DIAMOND TRAIL  
City-St-Zip: HASTINGS, FL 32145 US

Title: D ( ) Delete  
Name: YEH, STEVEN  
Address: 160 DANCING HORSE DRIVE  
City-St-Zip: HASTINGS, FL 32145 US

Title: D ( ) Delete  
Name: MICHEL, JOHN  
Address: 120 DANCING HORSE DRIVE  
City-St-Zip: HASTINGS, FL 32145 US

**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:

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: LEWIS E. WADSWORTH III

P/D

03/08/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date