## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N0400003257

1. Entity Name

## FILED Apr 22, 2005 8:00 am Secretary of State

04-22-2005 90273 005 \*\*\*\*70.00

INC.	RK@BRI	DGEWATER OWN	ERS' ASSOCIATION							
6302 BENJAMIN ROAD 630 Suite 400 Sui			Mailing Address 6302 BENJAMIN ROAD SUITE 400 TAMPA, FL 33634	6302 BENJAMIN ROAD Suite 400		20041446				
			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01102005 C	hg-NP	CR2E037 (10	/03)	
City & State			City & State			4. FEI Number 65-1	24654	17	-+	olied For Applicable
Zip		Country	Zip	Country		5. Certificate of S	tatus Desired	\$8.7 Fee R	5 Addi equired	tional
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
MANIGIONE, RALPH P % WILLIAMS SCHIFINO MANGIONE & STEADY, P.A					Name Dcc A. Callahan Clo First Industrial  Strept Address (P.O. Box Nymber is Not Acceptable)					
	ANKLIN S	TREET SUITE 2600	TEADI, F.A	6	302	Benjam	in Road	Switer	100	
,				City	Tan	r Pa		FL Zi	p Code	634
	named entitions of regist		the purpose of changing its re	egistered office of	or registere	od agent, or both, in	the State of Flo	orida. 1 am familia	r with, a	and accept
SIGNATURE   Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register					sture required v	when reinstating)		4/4/05 DATE	<u> </u>	·
Filing Fee is \$61.25 Due by May 1, 2005			I	9. Election Campaign Financing Trust Fund Contribution.				ake check paya ida Department		
					ш,	Added to Fees		• • •		
10							ES TO DEFICE	PS AND DIRECTO	INI 286	10
10.		OFFICERS AND DIRI	ECTORS	11.	A	DDITIONS/CHANG	ES TO OFFICE			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CITY-ST-ZIP

name Street address

**SIGNATURE:** 

NAME

STREET ADDRESS CITY-ST-ZIP

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dee A. Callahan

813-884-616,