2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006373

FILED Apr 24, 2007 Secretary of State

Entity Name: BRIDGEWOOD HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 4400 BAYOU BLVD SUITE 35 PENSACOLA, FL 32503 **New Mailing Address: Current Mailing Address:** 4400 BAYOU BLVD SUITE 35 PENSACOLA, FL 32503 FEI Number: 56-2505092 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: LONGWELL, TINA 4400 BAYOU BLVD SUITE 35 PENSACOLA, FL 32503 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 (X) Change () Addition MORRIS, GAIL ODOM, TONI Name: Name: 5508 SCENIC HWY BOX 18 Address: 581 SHILOH DR Address: City-St-Zip: PENSACOLA, FL 32514 City-St-Zip: PENSACOLA, FL 32509 Title: VD () Delete Title: VD (X) Change () Addition LARITZ, JENNIFER Name: BARCLAY, AMY Name: Address: 5508-B NORTH Address: 445 SHARPSBURG LOOP City-St-Zip: PENSACOLA, FL 32505 City-St-Zip: PENSACOLA, FL 32503 Title: STD () Delete Title: (X) Change () Addition NEWCOMB, THOM BARNES, DAVID Name: Name: 4570 ISABELLA DR Address: 5508-B NORTH Address: City-St-Zip: PENSACOLA, FL 32505 City-St-Zip: PENSACOLA, FL 32504 Title: () Delete Title: () Change (X) Addition Name: Name: SIMMONS, ALBERT 642 SHILOH DR Address: Address: City-St-Zip: City-St-Zip: PENSACOLA, FL 32503 Title: () Delete Title: () Change (X) Addition ROBINSON, STEPHEN Name: Name: 697 SHILOH DR Address: Address: City-St-Zip: City-St-Zip: PENSACOLA, FL 32504 () Change (X) Addition Title: () Delete Title: ODOM, RICH Name: Name: Address: Address: 581 SHILOH DR PENSACOLA, FL 32503 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: TONI ODOM P 04/24/2007