2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# N04000006373

Entity Name: BRIDGEWOOD HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4400 BAYOU BLVD
SUITE 35
PENSACOLA, FL 32503

New Principal Place of Business:

Current Mailing Address:

4400 BAYOU BLVD
SUITE 35
PENSACOLA, FL 32503

New Mailing Address:

FEI Number: 56-2505092 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LONGWELL, TINA
4400 BAYOU BLVD
SUITE 35
PENSACOLA, FL 32503 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: BARCLAY, AMY
Address: 445 SHARPSBURG LOOP
City-St-Zip: PENSACOLA, FL 32503

Title: VD ( ) Delete
Name: ODOM, RICH
Address: 581 SHILOH DR.
City-St-Zip: PENSACOLA, FL 32503

Title: TD ( ) Delete
Name: ROBINSON, STEPHEN
Address: 697 SHILOH DR.
City-St-Zip: PENSACOLA, FL 32503

Title: D ( ) Delete
Name: SIMMONS, ALBERT
Address: 642 SHILOH DR
City-St-Zip: PENSACOLA, FL 32503

Title: D ( ) Delete
Name: ODOM, TONI
Address: 581 SHILOH DR
City-St-Zip: PENSACOLA, FL 32503

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: BARCLAY, AMY
Address: 445 SHARPSBURG LOOP
City-St-Zip: PENSACOLA, FL 32503

Title: STD (X) Change ( ) Addition
Name: MCKEOWN, ANDY
Address: 594 SHILOH DRIVE
City-St-Zip: PENSACOLA, FL 32503

Title: PD (X) Change ( ) Addition
Name: SMITH, AARON
Address: 564 SHILOH DR.
City-St-Zip: PENSACOLA, FL 32503

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

Title: DVP (X) Change ( ) Addition
Name: ROBINSON, RHONDA
Address: 697 SHILOH DR
City-St-Zip: PENSACOLA, FL 32503

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: ARRON SMITH DP 03/31/2009

Electronic Signature of Signing Officer or Director — Date