

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jun 08, 2009  
Secretary of State**

DOCUMENT# N05000001388

Entity Name: BRIDGEWATER ESTATES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

3057 SW 45TH STREET  
DANIA BEACH, FL 33312

**New Principal Place of Business:**

3051 SW 44 CT  
DANIA BEACH, FL 33312

**Current Mailing Address:**

3057 SW 45TH STREET  
DANIA BEACH, FL 33312

**New Mailing Address:**

3051 SW 44 CT  
DANIA BEACH, FL 33312

FEI Number: 65-1148586      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

FREEDMAN, BRUCE  
3060 SW 44 CT  
DANIA BEACH, FL 33314      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:**

Title: PD      ( ) Delete  
Name: ABOUZLAM, SAM SAADEH  
Address: 3051 SW 44 CT  
City-St-Zip: DANIA BEACH, FL 33312

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: SAM ABOUZLAM

PR.

06/08/2009

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

\_\_\_\_\_  
Date