


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 08:00 AM
Secretary of State

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| DOCUMENT # N05000011491 |  |
| 1. Entity Name BRIDGEWATER ON TAYLOR CREEK TOWNHOUSE ASSOCIATION, INC. | |

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| Principal Place of Business 1265 SE 21ST STREET OKEECHOBEE, FL 34974 | Mailing Address 1265 SE 21ST STREET OKEECHOBEE, FL 34974 |
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04022007 No Chg-NP CR2E037 (4/06)

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| 4. FEI Number 20-4573333 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent PERRY, STEVEN L 2400 SE FEDERAL HIGHWAY FOURTH FLOOR STUART, FL 34994 |
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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| Filing Fee is \$61.25 Due by May 1, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KASTEN, JAMES 8633 E. ONYX AVENUE SCOTTSDALE, AZ 85258 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KASTEN, JUDITH 1265 SE 21ST STREET OKEECHOBEE, FL 34974 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KASTEN, MARY 8633 E. ONYX AVENUE SCOTTSDALE, AZ 85258 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE: *Judith Kasten* *Judith Kasten* *4-2-07* *863*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #