


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr-29, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000000744 1. Entity Name BRIDGEWATER AT LAKE OSBORNE CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 4788 W. COMMERCIAL BLVD. TAMARAC, FL 33319 US	Mailing Address 4788 W. COMMERCIAL BLVD. TAMARAC, FL 33319
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DO NOT WRITE IN THIS SPACE



01212008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-4207213	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**STREIT, THOMAS E ESQ.
222 LAKEVIEW AVENUE
SUITE 400
WEST PALM BEACH, FL 33401**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DELFINO, ALEJANDRO 4788 W. COMMERCIAL BLVD. TAMARAC, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LOPEZ, CARLOS 4788 W. COMMERCIAL BLVD. TAMARAC, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HANLEY, MICHAEL 4788 W. COMMERCIAL BLVD. TAMARAC, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHACK, DAVID 4788 W. COMMERCIAL BLVD. TAMARAC, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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05/22/08-80096-005 213.75

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: _____ **4/28/08 954-484-4800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #