

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000744

FILED
Jan 23, 2009
Secretary of State

Entity Name: BRIDGEWATER AT LAKE OSBORNE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4788 W. COMMERCIAL BLVD.
TAMARAC, FL 33319 US

New Principal Place of Business:

Current Mailing Address:

4788 W. COMMERCIAL BLVD.
TAMARAC, FL 33319

New Mailing Address:

FEI Number: 20-4207213

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STREIT, THOMAS E ESQ.
222 LAKEVIEW AVENUE
SUITE 400
WEST PALM BEACH, FL 33401 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: DP () Delete
Name: DELFINO, ALEJANDRO
Address: 4788 W. COMMERCIAL BLVD.
City-St-Zip: TAMARAC, FL 33319 US

Title: DVP () Delete
Name: LOPEZ, CARLOS
Address: 4788 W. COMMERCIAL BLVD.
City-St-Zip: TAMARAC, FL 33319 US

Title: DST () Delete
Name: HANLEY, MICHAEL
Address: 4788 W. COMMERCIAL BLVD.
City-St-Zip: TAMARAC, FL 33319

Title: VP () Delete
Name: SCHACK, DAVID
Address: 4788 W. COMMERCIAL BLVD.
City-St-Zip: TAMARAC, FL 33319 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: DAVID SCHACK

VP

01/23/2009

Electronic Signature of Signing Officer or Director

Date