# FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
**1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N16331** **(3)**

1. Corporation Name

**BRIDGEWATER HOMEOWNERS ASSOCIATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| % MAY MANAGEMENT SERVICES. INC.<br>10036 SAWGRASS DRIVE. SUITE 1<br>PONTE VEDRA BEACH FL 32082 | % MAY MANAGEMENT SERVICES. INC.<br>10036 SAWGRASS DRIVE. SUITE 1<br>PONTE VEDRA BEACH FL 32082 |

| | | | |
|---|---|---|---|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified: 08/12/1986 | 3a. Date of Last Report: 07/06/1995 |
| 21 | 26 | 4. FEI Number: 59-2865385 | ☐ Applied For ☐ Not Applicable |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 5. Certificate of Status Desired ☐ | **$8.75** Additional Fee Required |
| City & State 23 | City & State 28 | 6. Election Campaign Financing Trust Fund Contribution ☐ | **$5.00** May Be Added to Fees |
| Zip 24 / Country 25 | Zip 29 / Country 30 | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No | |

**9. Name and Address of Current Registered Agent**

ARENAS, PAT
MAY MANAGEMENT SERVICES, INC.
10036 SAWGRASS DRIVE, SUITE 1
PONTE VEDRA BCH FL 32082

**10. Name and Address of New Registered Agent**

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Patricia Arenas DATE

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

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PD | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | MCQUILLEN, GEORGE | | 1.2 NAME | | |
| STREET ADDRESS | 6005 BRIDGWATER CIRCLE | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PONTE VEDRA BEACH FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | VD | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | SMITH, WILLIAM | | 2.2 NAME | | |
| STREET ADDRESS | 6031 BRIDGEWATER CIRCLE | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PONTE VEDRA BCH FL | | 2.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | GALLOWAY, DOROTHY | | 3.2 NAME | | |
| STREET ADDRESS | 6013 BRIDGEWATER CIRCLE | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PONTE VEDRA BEACH FL | | 3.4 CITY-ST-ZIP | | |
| TITLE | D | ☑ DELETE | 4.1 TITLE | TD | ☑ Change ☐ Addition |
| NAME | HORTON, BRIAN | | 4.2 NAME | FRANCES DAVEY | |
| STREET ADDRESS | 6033 BRIDGEWATER CIRCLE | | 4.3 STREET ADDRESS | 6012 BRIDGEWATER CIRCLE | |
| CITY-ST-ZIP | PONTE VEDRA BEACH FL | | 4.4 CITY-ST-ZIP | Ponte Vedra Beach FL | |
| TITLE | VD | ☑ DELETE | 5.1 TITLE | D | ☑ Change ☐ Addition |
| NAME | HARTMAN, JOAN | | 5.2 NAME | Dr. Mary Rellahan | |
| STREET ADDRESS | 6010 BRIDGEWATER CIR | | 5.3 STREET ADDRESS | 6021 Bridgewater Circle | |
| CITY-ST-ZIP | PONTE VEDRA BCH FL | | 5.4 CITY-ST-ZIP | Ponte Vedra | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** George McQuillen 19 FEB 1996 9042734324

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