

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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.
10036 SAWGRASS DRIVE, SUITE 1
PONTE VEDRA BEACH FL 32082% MAY MANAGEMENT SERVICES, INC.
10036 SAWGRASS DRIVE, SUITE 1
PONTE VEDRA BEACH FL 32082-3527

3. Date Incorporated or Qualified 08/12/1986	3a. Date of Last Report 02/26/1996
4. FEI Number 59-2865385	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☒ DELETE	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	MCQUILLEN, GEORGE	1.2 NAME	Smith, William
STREET ADDRESS	6005 BRIDGEWATER CIRCLE	1.3 STREET ADDRESS	6031 Bridgewater Circle
CITY-ST-ZIP	PONTE VEDRA BEACH FL	1.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082
TITLE	VD ☒ DELETE	2.1 TITLE	VD ☒ Change ☐ Addition
NAME	SMITH, WILLIAM	2.2 NAME	Schiavone, Melissa
STREET ADDRESS	6031 BRIDGEWATER CIRCLE	2.3 STREET ADDRESS	6030 Bridgewater Circle
CITY-ST-ZIP	PONTE VEDRA BCH FL	2.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082
TITLE	D ☒ DELETE	3.1 TITLE	STD ☒ Change ☐ Addition
NAME	GALLOWAY, DOROTHY	3.2 NAME	Davey, Frances
STREET ADDRESS	6013 BRIDGEWATER CIRCLE	3.3 STREET ADDRESS	6012 Bridgewater Circle
CITY-ST-ZIP	PONTE VEDRA BEACH FL	3.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082
TITLE	TD ☒ DELETE	4.1 TITLE	D ☒ Change ☐ Addition
NAME	DAVEY, FRANCES	4.2 NAME	Page, Frederick
STREET ADDRESS	6012 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 32082
TITLE	D ☒ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	RELLAHAN, DR. MARY	5.2 NAME	
STREET ADDRESS	6021 BRIDGEWATER CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	5.4 CITY-ST-ZIP	
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	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Frances Schiavone* **REQUIRED**

CR2E037 (9/96)