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Feb 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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. 10036 SAWGRASS DRIVE, SUITE 1 PONTE VEDRA BEACH FL 32082	% MAY MANAGEMENT SERVICES, INC. 10036 SAWGRASS DRIVE, SUITE 1 PONTE VEDRA BEACH FL 32082

3. Date Incorporated or Qualified: 08/12/1986

4. FEI Number: 59-2865385 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☑ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ 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 _____
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	SMITH, WILLIAM		1.2 NAME	Melissa Schiavone	
STREET ADDRESS	6031 BRIDGEWATER CIRCLE		1.3 STREET ADDRESS	6030 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	SCHIAVONE, MELISSA		2.2 NAME	Carlton Cranor	
STREET ADDRESS	6030 BRIDGEWATER CIRCEL		2.3 STREET ADDRESS	6033 Bridgewater Circle	
CITY-ST-ZIP	PONTE VEDRA BCH FL		2.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
TITLE	STD	☐ DELETE	3.1 TITLE	D	☐ Change ☑ Addition
NAME	DAVEY, FRANCES		3.2 NAME	Robert Bienkowski	
STREET ADDRESS	6012 BRIDGEWATER CIRCLE		3.3 STREET ADDRESS	6015 Bridgewater Circle	
CITY-ST-ZIP	PONTE VEDRA BEACH FL		3.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PAGE, FREDERICK		4.2 NAME		
STREET ADDRESS	6012 BRIDGEWATER CIRCLE		4.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	300002418668	☐ Change ☐ Addition
NAME			6.2 NAME	-02/02/98--01061--036	
STREET ADDRESS			6.3 STREET ADDRESS	***61.25	
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

PE 2.2

14. I 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: _____ 1/5/98 272-9832

CR2E037 (10/97)