

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N16331

1. Entity Name

BRIDGEWATER H.O.A., INC.

FILED
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90073 017 ****61.25

Principal Place of Business

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

Mailing Address

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

UU026134



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2865385

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME CATLETT, CAROL D
STREET ADDRESS 6028 BRIDGEWATER CR
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME CRANOR, CARLTON
STREET ADDRESS 6033 BRIDGEWATER CIRCLE
CITY-ST-ZIP PONTE VEDRA BCH FL 32082 ☐ Delete

TITLE D
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE STD
NAME DAVEY, FRANCES
STREET ADDRESS 6012 BRIDGEWATER CIRCLE
CITY-ST-ZIP PONTE VEDRA BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME PAGE, FREDERICK
STREET ADDRESS 6012 BRIDGEWATER CIRCLE
CITY-ST-ZIP PONTE VEDRA BEACH FL ☒ Delete

TITLE D
NAME Moore, Thaedra
STREET ADDRESS 6013 Bridgewater Cir.
CITY-ST-ZIP Ponte Vedra Beach, FL 32082 ☐ Change ☒ Addition

TITLE D
NAME BIENHOWSKI, ROBERT
STREET ADDRESS 6015 BRIDGEWATER CIRCLE
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 ☐ Delete

TITLE PD
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-13-01 296-8886

CR2E037 (10/00)