

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90236 028 ****61.25

DOCUMENT # N16331

1. Entity Name

BRIDGEWATER H.O.A., 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2865385

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATRICIA ARENAS
 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 ☐ Delete
 NAME **D**
 STREET ADDRESS **CATLETT, CAROL D**
 CITY-ST-ZIP **6028 BRIDGEWATER CR**
PONTE VEDRA BEACH FL 32082 *Vice President*

TITLE ☒ Change ☐ Addition
 NAME **Brenda Wendell**
 STREET ADDRESS **6022 Bridgewater Circle**
 CITY-ST-ZIP **Ponte Vedra Beach, FL 32082** *President*

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **CRANOR, CARLTON**
 CITY-ST-ZIP **6033 BRIDGEWATER CIRCEL**
PONTE VEDRA BCH FL 32082

TITLE ☒ Change ☐ Addition
 NAME **Ann Helfer**
 STREET ADDRESS **6018 Bridgewater Circle**
 CITY-ST-ZIP **Ponte Vedra Beach, FL 32082** *Director*

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

TITLE ☒ Change ☐ Addition
 NAME **Claudia Page**
 STREET ADDRESS **6002 Bridgewater Circle**
 CITY-ST-ZIP **Ponte Vedra Beach, FL 32082** *DIRECTOR*

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **MOORE, PHAEDRA**
 CITY-ST-ZIP **6013 BRIDGEWATER CIR**
PONTE VEDRA BEACH FL 32082

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

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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: *Brenda Wendell*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)