FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR 15 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N27052 (2)

1. Corporation Name

BRIDGEWATER AT PLANTATION COMMUNITY ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O WARREN S. ABELSON 10001 W OAKLAND PK BLVD SUNRISE FL 33351	C/O WARREN S. ABELSON 10001 W OAKLAND PK BLVD SUNRISE FL 33351

3. Date Incorporated or Qualified: 06/21/1988
3a. Date of Last Report: 02/28/1994
4. FEI Number: 65-0101973 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 10191 W. Sample Rd	26 10191 W. Sample Rd
Suite, Apt. #, etc. 22 Suite 203	Suite, Apt. #, etc. 27 Suite 203
City & State 23 Coral Springs, FL	City & State 28 Coral Springs, FL
Zip / Country 24 33065 / 25 Br	Zip / Country 29 33065 / 30 Br

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GOLD COAST PROPERTY MANAGEMENT, INC.
10001 W OAKLAND PARK BLVD
SUNRISE FL 33351

10. Name and Address of New Registered Agent

81 Name: James Calder 9220
82 Street Address (P.O. Box Number is Not Acceptable): 10191 W. Sample Rd
83: Suite 203
84 City: Coral Springs FL 85 Zip Code: 33065

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: James Calder — 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	D	1.1 TITLE		☐ Change ☐ Addition
NAME	MORGAN, DAVID	1.2 NAME		
STREET ADDRESS	1010 NW 106 AVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP		
TITLE	S	2.1 TITLE		☐ Change ☐ Addition
NAME	MARGOLIS, LES	2.2 NAME		
STREET ADDRESS	1011 NW 106 AVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL	2.4 CITY-ST-ZIP		
TITLE	T	3.1 TITLE		☐ Change ☐ Addition
NAME	ZIMMERMAN, BOB	3.2 NAME		
STREET ADDRESS	11051 NW 11 CT	3.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL	3.4 CITY-ST-ZIP		
TITLE	P	4.1 TITLE		☐ Change ☐ Addition
NAME	COHEN, ROBERT	4.2 NAME		
STREET ADDRESS	1120 NW 106 AVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL	4.4 CITY-ST-ZIP		
TITLE	VP	5.1 TITLE	D	☒ Change ☐ Addition
NAME	CARLOS, LICONA	5.2 NAME	Ron Childree	
STREET ADDRESS	10270 NW 10 ST	5.3 STREET ADDRESS	10310 NW 11th St	
CITY-ST-ZIP	PLANTATION FL	5.4 CITY-ST-ZIP	Plantation, FL 33324	
TITLE		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 is voluntarily furnished and 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: Robert H. Cohen
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0010672