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FILED
May 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N27052** (2)

1. Corporation Name

BRIDGEWATER AT PLANTATION COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

10191 W SAMPLE RD
STE 203
CORAL SPRINGS FL 33065
US

10191 W SAMPLE RD
STE 203
CORAL SPRINGS FL 33065
US



3. Date Incorporated or Qualified

06/21/1988

4. FEI Number

65-0101973

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

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

10. Name and Address of New Registered Agent

BAKALAR, SUSAN P. P.A.
2240 SW 70TH AVENUE
UNIT D
DAVE FL 33317

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE TO ☒ DELETE

NAME **ZIMMERMAN, BOB**
STREET ADDRESS **11051 NW 11 CT**
CITY-ST-ZIP **PLANTATION FL**

TITLE PD ☐ DELETE

NAME **COHEN, ROBERT**
STREET ADDRESS **1120 NW 106 AVE**
CITY-ST-ZIP **PLANTATION FL**

TITLE D ☐ DELETE

NAME **CHILDRÉE, RON**
STREET ADDRESS **10310 NW 11TH ST**
CITY-ST-ZIP **PLANTATION FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **T/D**
1.3 STREET ADDRESS **ALAN Schreiber**
1.4 CITY-ST-ZIP **1100 NW 111th AVENUE**
PLANTATION, FL 33322

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **J**
2.3 STREET ADDRESS **JEFFREY GREENFIELD**
2.4 CITY-ST-ZIP **10340 NW 10th COURT**
PLANTATION, FL 33322

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 in an attachment with an address.

SIGNATURE: ☒

Robert H. Cohen

4-23-98

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