

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27052

1. Entity Name

BRIDGEWATER AT PLANTATION COMMUNITY ASSOCIATION,

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90103 031 ****61.25

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 33065-3960
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0101973

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

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

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 TD
STREET ADDRESS SCHREIBER, ALAN
CITY-ST-ZIP 1100 NW 111TH AVE
PLANTATION FL 33322

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

TITLE ☐ Delete
NAME D
STREET ADDRESS CHILDREE, RON
CITY-ST-ZIP 10310 NW 11TH ST
PLANTATION FL

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

TITLE ☐ Delete
NAME D
STREET ADDRESS GREENFIELD, JEFFREY
CITY-ST-ZIP 10340 NW 10TH COURT
PLANTATION FL 33322

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

TITLE ☐ Delete
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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:

Susan P. Bakalar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/2000

954-370-8499

Date

Daytime Phone #