


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90285 044 \*\*\*\*61.25

<b>DOCUMENT # N27052</b> 1. Entity Name <b>BRIDGEWATER AT PLANTATION COMMUNITY ASSOCIATION, INC.</b>			
Principal Place of Business <b>3300 UNIVERSITY DR. #405</b> <b>CORAL SPRINGS, FL 33065 US</b>		Mailing Address <b>3300 UNIVERSITY DR. #405</b> <b>CORAL SPRINGS, FL 33065 US</b>	
2. Principal Place of Business <b>11784 W. Sample Rd</b> Suite, Apt. #, etc.		3. Mailing Address <b>11784 W. Sample Rd</b> Suite, Apt. #, etc.	
City & State <b>Coral Springs, FL</b> Zip <b>33065</b> Country		City & State <b>Coral Springs, FL</b> Zip <b>33065</b> Country	
4. FEI Number <b>65-0101973</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <del>LEVIN, CHERYL</del> <del>4694 NW 48th AVENUE</del> <del>SUNRISE, FL 33354</del>		7. Name and Address of New Registered Agent Name: <b>United Community Mgmt Corp</b> Street Address (P.O. Box Number is Not Acceptable) <b>11784 West Sample Road</b> City <b>Coral Springs</b> <b>FL</b> Zip Code <b>33065</b>	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Renée K. [Signature]</i></u> <b>United Comm Mgmt Corp</b> <b>3/2/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE VD NAME FORREY, JAMES STREET ADDRESS 10361 NW 10TH STREET CITY-ST-ZIP PLANTATION, FL 33322	<input checked="" type="checkbox"/> Delete	TITLE ID NAME Walsh, Kenneth STREET ADDRESS 10557 NW 10th CITY-ST-ZIP Plantation, FL 33322	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TD NAME FRIEDMAN, MILTON STREET ADDRESS 10920 NW 10 ST. CITY-ST-ZIP PLANTATION, FL 33322	<input checked="" type="checkbox"/> Delete	TITLE D NAME Rabin, Ben STREET ADDRESS 10370 NW 11 St CITY-ST-ZIP Plantation, FL 33322	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME BATTISTA, LOU STREET ADDRESS 10940 NW 10 ST. CITY-ST-ZIP PLANTATION, FL 33322	<input checked="" type="checkbox"/> Delete	TITLE D NAME Oakley, Justin STREET ADDRESS 10310 NW 11 St CITY-ST-ZIP Plantation FL 33322	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD NAME MCDUFFIE, GLORIA STREET ADDRESS 1024 NW 105 AVE. CITY-ST-ZIP PLANTATION, FL 33322	<input checked="" type="checkbox"/> Delete	TITLE D NAME Frank, James STREET ADDRESS 10371 NW 11 St. CITY-ST-ZIP Plantation, FL 33322	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE PD NAME DAVIS, ARNOLD STREET ADDRESS 1121 NW 106 AVE. CITY-ST-ZIP PLANTATION, FL 33322	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Ben Rabin</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>3/8/05</b> Daytime Phone # <b>9544239852</b>	