

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90020 002 ****61.25

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DOCUMENT # N27052 1. Entity Name BRIDGEWATER AT PLANTATION COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 11784 W SAMPLE RD CORAL SPRINGS, FL 33065 US			Mailing Address 11784 W SAMPLE RD CORAL SPRINGS, FL 33065 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0101973	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent UNITED COMMUNITY MGMT, CORP 11784 WEST SAMPLE RD CORAL SPRINGS, FL 33065				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-electing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY ST ZIP	TD WLSH, KENNETH 10557 NW 10 CT PLANTATION, FL 33322	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	SD RABIN, BEN 10370 NW 11 ST PLANTATION, FL 33322	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	D OAKLEY, JUSTIN 10310 NW 11 ST PLANTATION, FL 33322	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	PD DAVIS, ARNOLD 1121 NW 106 AVE. PLANTATION, FL 33322	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	VPD SCHREIBER, ALAN 1100 NW 111 AVE FORT LAUDERDALE, FL 33322	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	(Empty)	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: PRESIDENT 3/10/07 954.236.9190					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					