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 APR 24 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N27069 (6)

1. Corporation Name

BRIDLEWOOD HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3490 E. LAKE RD. SUITE C PALM HARBOR FL 34685	MANAGEMENT AND ASSOCIATES P.O. BOX 1448 PALM HARBOR FL 34682

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/22/1988
3a. Date of Last Report: 06/12/1994
4. FEI Number: 59-2809692 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 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. 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	10. Name and Address of New Registered Agent
SCANNAVINO, DOMINICK 3490 E. LAKE RD. SUITE C PALM HARBOR FL 34684	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 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 _____ 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	PD	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	NIERLICH, JOHN K	1.2 NAME	BAKER, JOHN	
STREET ADDRESS	1 WOODLANDS BLVD.	1.3 STREET ADDRESS	2468 APPALOOSA TRAIL	
CITY-ST-ZIP	OLDSMAR FL 34677	1.4 CITY-ST-ZIP	PALM HARBOR FL	
TITLE	VD	2.1 TITLE	DS	☐ Change ☒ Addition
NAME	PUZZITIELLO, RICHARD A	2.2 NAME	DENNIS, ROBERT	
STREET ADDRESS	13370 PROSPECT RD.	2.3 STREET ADDRESS	2643 APPALOOSA TRAIL	
CITY-ST-ZIP	STRONGSVILLE OH	2.4 CITY-ST-ZIP	PALM HARBOR FL	
TITLE	D	3.1 TITLE	D	☐ Change ☒ Addition
NAME	PUZZITIELLO, ROSS	3.2 NAME	SILVERS, LAWRENCE	
STREET ADDRESS	1 WOODLANDS BLVD.	3.3 STREET ADDRESS	2437 SADDLEWOOD LANE	
CITY-ST-ZIP	OLDSMAR FL 34677	3.4 CITY-ST-ZIP	PALM HARBOR FL	
TITLE		4.1 TITLE	DT	☐ Change ☒ Addition
NAME		4.2 NAME	CANNON, WILBUR	
STREET ADDRESS		4.3 STREET ADDRESS	5460 STALLION LAKE DRIVE	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	PALM HARBOR FL	
TITLE		5.1 TITLE	D	☐ Change ☒ Addition
NAME		5.2 NAME	HUTT, LORA	
STREET ADDRESS		5.3 STREET ADDRESS	2763 SADDLEWOOD LANE	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	PALM HARBOR FL	
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: J. R. B. 4-4-95 (813) 785-5504
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JOHN BAKER

COR0890