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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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

3. Date Incorporated or Qualified: 06/22/1988

4. FEI Number: 59-2809892 ☐ 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. 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
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 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 _____ 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	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BAKER, JOHN		1.2 NAME		
STREET ADDRESS	2468 APPALOOSA TRAIL		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DENNIS, ROBERT		2.2 NAME		
STREET ADDRESS	2643 APPALOOSA TRAIL		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		2.4 CITY-ST-ZIP		
TITLE	SD	XX DELETE	3.1 TITLE	SD	☐ Change XX Addition
NAME	GRANE, JOSEPH		3.2 NAME	HINES, JANELLE	
STREET ADDRESS	5504 STAG THICKET LANE		3.3 STREET ADDRESS	2644 SADDLEWOOD LANE	
CITY-ST-ZIP	PALM HARBOR FL		3.4 CITY-ST-ZIP	PALM HARBOR FL	
TITLE	PD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CANNON, WILBER		4.2 NAME		
STREET ADDRESS	5460 STALLION LAKE DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		4.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WISHART, JOHN		5.2 NAME		
STREET ADDRESS	2716 SADDLEWOOD LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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 on an attachment with an address.

SIGNATURE: [illegible] 2/16/98 (813) 789-4133