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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N27069**

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

2. Principal Place of Business 21 1050 A ELW PKWY Suite, Apt. #, etc. 22 City & State 23 OLDSMAR, FL Zip 24 34677 Country 25	2a. Mailing Address 26 1050 A ELW. PKWY Suite, Apt. #, etc. 27 City & State 28 OLDSMAR, FL Zip 29 34677 Country 30	3. Date Incorporated or Qualifed 06/22/1988 4. FEI Number 59-2809892 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

SCANNAVINO, DOMINICK
3490 E. LAKE RD.
SUITE C
PALM HARBOR FL 34684

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable) 1050 A ELW PKWY

83

84 City OLDSMAR FL 85 Zip Code 34677

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 [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	VD	☒ 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	PD	☒ 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	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HINES, JANELLE		3.2 NAME		
STREET ADDRESS	2644 SADDLEWOOD LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		3.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	4.1 TITLE	D	☒ 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	SD	☐ Change ☒ Addition
NAME			6.2 NAME	VANORE, DOMINICK	
STREET ADDRESS			6.3 STREET ADDRESS	2404 SADDLEWOOD LANE	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	PALM HARBOR, FL	

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 15 Mar 99 (727) 789-1284

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)