2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State
01-30-2001 90098 012 ****61.25

DOCUMENT # N27069

1. Entity Name

BRIDLEWOOD HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1050 A ELW. PKWY. OLDSMAR FL 34677	1050 A ELW. PKWY. OLDSMAR FL 34677

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2809892 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCANNAVINO, DOMINICK
1050 A ELW. PKWY.
OLDSMAR FL 34677

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BAKER, JOHN 2468 APPALOOSA TRAIL PALM HARBOR FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DELISE, RANDY 5536 STAG THICKET LANE PALM HARBOR, FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CHRISTNER, DORIS 2680 SADDLEBROOK LANE PALM HARBOR FL 34685	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALFARO, MARIA 2445 SADDLEWOOD LANE PALM HARBOR FL 34685	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Maria Alfaro	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CANNON, WILBER 5460 STALLION LAKE DRIVE PALM HARBOR FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Willie F. Cannon	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WISHART, JOHN 2716 SADDLEWOOD LANE PALM HARBOR FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	John W Wishart	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: XSignature Required John W Wishart 1-15-01 727/784-6081
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #