

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

0097617

**DOCUMENT # N27069**

1. Entity Name

**BRIDLEWOOD HOMEOWNERS' ASSOCIATION, INC.**

04-02-2002 90060 027 \*\*\*\*61.25

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

Mailing Address  
**1050 A ELW. PKWY.**  
**OLDSMAR FL 34677**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country

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

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



DO NOT WRITE IN THIS SPACE

**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 \_\_\_\_\_ (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**

|                                                |                                                                                                         |                                            |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------|--------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P.</b><br><b>BAKER, JOHN</b><br><b>2488 APPALOOSA TRAIL</b><br><b>PALM HARBOR FL</b>                 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>DELISE, RANDY</b><br><b>5536 STAG THICKET LANE</b><br><b>PALM HARBOR FL 34685</b>        | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SD</b><br><b>ALFARO, MARIA</b><br><b>2445 SADDLEWOOD LANE</b><br><b>PALM HARBOR FL 34685</b>         | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD</b><br><b>CANNON, WILLIAM F</b><br><b>5460 STALLION LAKE DRIVE</b><br><b>PALM HARBOR FL 34685</b> | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TD</b><br><b>WISHARD, JOHN</b><br><b>2716 SADDLEWOOD LANE</b><br><b>PALM HARBOR FL 34685</b>         | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                         | <input type="checkbox"/> Delete            |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

|                                                |                                                                                                     |                                                                              |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD</b><br><b>CHRISTNER, DORIS</b><br><b>2680 SADDLEWOOD LANE</b><br><b>PALM HARBOR, FL 34685</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SD</b><br><b>KNOX, HELEN</b><br><b>2474 SADDLEBROOK LANE</b><br><b>PALM HARBOR, FL 34685</b>     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD</b>                                                                                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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:** WILLIAM F CANNON  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/01)