

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90056 003 ****61.25

DOCUMENT # N27069 1. Entity Name BRIDLEWOOD HOMEOWNERS' ASSOCIATION, INC.					
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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2809892	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SCANNAVINO, DOMINICK 1050 A ELW. PKWY. OLDSMAR, FL 34677				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COOK, DARRELL		NAME	CANNON, BILL	
STREET ADDRESS	5543 STAG THICKET LN		STREET ADDRESS	5460 STALLION LAKE DR.	
CITY-ST-ZIP	PALM HARBOR, FL 34685		CITY-ST-ZIP	PALM HARBOR, FL 34685	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DELISE, RANDY		NAME	FOX, HARVEY	
STREET ADDRESS	5536 STAG THICKET LANE		STREET ADDRESS	2510 SADDLEWOOD LANE	
CITY-ST-ZIP	PALM HARBOR, FL 34685		CITY-ST-ZIP	PALM HARBOR, FL 34685	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIREVES, KEN		NAME	KNOX, HELEN	
STREET ADDRESS	2691 SADDLEWOOD LANE		STREET ADDRESS	2474 SADDLEWOOD LANE	
CITY-ST-ZIP	PALM HARBOR, FL 34685		CITY-ST-ZIP	PALM HARBOR, FL 34685	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAY, PHIL		NAME	WANDEL, DAVE	
STREET ADDRESS	2511 JADDLEWOOD LANE		STREET ADDRESS	5459 STALLION LAKE	
CITY-ST-ZIP	PALM HARBOR, FL 34695		CITY-ST-ZIP	PALM HARBOR, FL 34685	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WISHART, JOHN		NAME	J. WISHART	
STREET ADDRESS	2716 SADDLEWOOD LANE		STREET ADDRESS	2716 SADDLEWOOD LANE	
CITY-ST-ZIP	PALM HARBOR, FL 34685		CITY-ST-ZIP	PALM HARBOR, FL 34685	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:			2/13/2006		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		