

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Apr 03, 2007 8:00 am
Secretary of State

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02222007 Chg-NP CR2E037 (12/06)

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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		4. FEI Number 59-2809892	
City & State 720 Brooker Creek Blvd. #206 Oldsmar, FL 34677		Applied For ☐ Not Applicable	
Zip 34677		Country USA	
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 Scannavino, Inc. Street Address 720 Brooker Creek Blvd. #206 City Oldsmar, FL 34677		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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CANNON, BILL 5460 STALLION LAKE DR PALM HARBOR, FL 34685	☐ Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOX, HARVEY 2510 SADDLEWOOD LANE PALM HARBOR, FL 34685	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KNOX, HELEN 2474 SADDLEWOOD LANE PALM HARBOR, FL 34685	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WANDEL, DAVE 5459 STALLION LAKE PALM HARBOR, FL 34685	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WISHARD, JOHN 2716 SADDLEWOOD LANE PALM HARBOR, FL 34685	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Delete	☐ Change ☐ Addition
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:		3-29-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	