

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27069

FILED
Jan 15, 2009
Secretary of State

Entity Name: BRIDLEWOOD HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

720 BROOKER CREEK BLVD. #206
OLDSMAR, FL 34677

New Principal Place of Business:

Current Mailing Address:

720 BROOKER CREEK BLVD. #206
OLDSMAR, FL 34677

New Mailing Address:

FEI Number: 59-2809892

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCANNAVINO, INC.
720 BROOKER CREEK BLVD. #206
OLDSMAR, FL 34677 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CANNON, BILL
Address: 5460 STALLION LAKE DR
City-St-Zip: PALM HARBOR, FL 34685

Title: D () Delete
Name: FOX, HARVEY
Address: 2510 SADDLEWOOD LANE
City-St-Zip: PALM HARBOR, FL 34685

Title: VD () Delete
Name: KNOX, HELEN
Address: 2474 SADDLEWOOD LANE
City-St-Zip: PALM HARBOR, FL 34685

Title: SD () Delete
Name: WANDEL, DAVE
Address: 5459 STALLION LAKE
City-St-Zip: PALM HARBOR, FL 34685

Title: TD () Delete
Name: WISHARD, JOHN
Address: 2716 SADDLEWOOD LANE
City-St-Zip: PALM HARBOR, FL 34685

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KNOX, HELEN
Address: 2474 SADDLEWOOD LANE
City-St-Zip: PALM HARBOR, FL 34685

Title: D (X) Change () Addition
Name: BRINKMAN, JENA
Address: 5488 STAG THICKET LANE
City-St-Zip: PALM HARBOR, FL 34685

Title: SD (X) Change () Addition
Name: BORLAND, ROBIN
Address: 2433 APPALOOSA TRAIL
City-St-Zip: PALM HARBOR, FL 34685

Title: VD (X) Change () Addition
Name: WANDEL, DAVE
Address: 5459 STALLION LAKE
City-St-Zip: PALM HARBOR, FL 34685

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HELEN KNOX

PD

01/15/2009

Electronic Signature of Signing Officer or Director

Date