

**2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Aug 06, 2007**  
**Secretary of State**

DOCUMENT# N29950

**Entity Name:** BRIDGEVIEW ESTATES HOMEOWNER'S ASSOCIATION, INC.**Current Principal Place of Business:**3911 SNAPPER POINTE DR.  
TAMPA, FL 33611 US**New Principal Place of Business:**3915 SNAPPER POINTE DR.  
TAMPA, FL 33611 US**Current Mailing Address:**3911 SNAPPER POINTE DR.  
TAMPA, FL 33611 US**New Mailing Address:**3915 SNAPPER POINTE DR.  
TAMPA, FL 33611 US**FEI Number:** 59-2952029**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**APARICIO, MONICA  
3915 SNAPPER POINTE  
TAMPA, FL 33611 US**Name and Address of New Registered Agent:**APARICIO, MONICA  
3915 SNAPPER POINTE  
TAMPA, FL 33611 US

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: MONICA APARICIO

08/06/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: RAJASEKAVEN, RAJA  
Address: 3905 SNAPPER POINTE DRIVE  
City-St-Zip: TAMPA, FL 336111030 US

Title: T ( ) Delete  
Name: APARICIO, MONICA  
Address: 3911 SNAPPER POINTE DRIVE  
City-St-Zip: TAMPA, FL 336111030 US

Title: P ( ) Delete  
Name: FARESE, TAFFY  
Address: 3903 SNAPPER POINTE DR.  
City-St-Zip: TAMPA, FL 336111030

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: MONICA APARICIO

TREA

08/06/2007

Electronic Signature of Signing Officer or Director

Date