



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 18, 2005 8:00 am**  
**Secretary of State**

08-18-2005 90003 036 \*\*\*\*70.00

<b>DOCUMENT # N33893</b> 1. Entity Name <b>BRIDGEWATER SUBDIVISION HOMEOWNER'S ASSOCIATION, INC.</b>					
Principal Place of Business <b>% ROBERT E. MURRELL 250 2ND ST. S.W. WINTER HAVEN, FL 33880</b>			Mailing Address <b>TIM PHILLIPS 4 BRIDGEWATER DRIVE WINTER HAVEN, FL 33884 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>TIMOTHY S. CLARK</b> Suite, Apt. #, etc. <b>12 BRIDGEWATER DR.</b>		<b>50062265</b> 	
City & State <b>WINTER HAVEN FL</b>		City & State <b>WINTER HAVEN FL</b>		4. FEI Number <b>59-2964340</b>	
Zip <b>33884</b>		Country <b>FLORIDA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PHILLIPS, TIM 4 BRIDGEWATER DRIVE S.E. WINTER HAVEN, FL 33884</b>			7. Name and Address of New Registered Agent Name <b>CLARK, THOMAS S.</b> Street Address (P.O. Box Number is Not Acceptable) <b>12 BRIDGEWATER DR.</b> City <b>WINTER HAVEN</b> <b>FL</b> Zip Code <b>33884</b>		
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 <u><i>Thomas S. Clark</i></u> <b>8-9-2005</b> <small>Signature, typed or printed name of registered agent as applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> <b>TIMOTHY S. CLARK</b>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WATSON, STEVEN 18 BRIDGEWATER DR WINTER HAVEN, FL 33884	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT CLARK, THOMAS S. 12 BRIDGEWATER DR. WINTER HAVEN FL 33884
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PHILLIPS, TIM 4 BRIDGEWATER DR WINTER HAVEN, FL 33884	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. GARBRECHT ALLEN 5 BRIDGEWATER DR. WINTER HAVEN FL 33884
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MILLER, ROBERT 22 BRIDGEWATER DR WINTER HAVEN, FL 33884	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECR-TREAS HETTICK, BOB 3 BRIDGEWATER DR WINTER HAVEN FL 33884
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	   
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	   
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	   
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: <u><i>Thomas S. Clark</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <b>THOMAS S CLARK</b>			Date <b>8-9-2005</b>		Daytime Phone # <b>863 324 0457</b>