## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Aug 29, 2006 8:00 am Secretary of State

08-29-2006 90003 028 \*\*\*\*61.25

1. Entity Name BRIDGEWATER SUBDIVISION HOMEOWNER'S ASSOCIATION, INC.									011117	£4.18		
% ROBERT E. MURRELL 250 2ND ST. S.W.			THON 12 BF	Mailing Address THOMAS S CLARK 12 BRIDGE WATER DR WINTER HAVEN, FL 33884 US					MINIMINI Antaro		17 J. J. 18 J. G. G. J. G. G. G.	)(( <b>1.1 å</b> : 1 <b>11</b> 1
2. Principal Place of Business			3. Mailing Address									
Suite. Apt. #, etc.			Suite, Apt. #, etc.					07052006	Chg-NP	CR2E	(4/06)	
City & State			City & State				4. FEI Numb 59-296			<u> </u>	optied For ot Applicable	
Zip- Country		Zip		Cou	untry		5. Certificate	of Status Desired		\$8.75 Add Fee Require		
	6. Name	and Address of Current	Registere	d Agent		Name		7. Name and	Address of New	Registered	Agent	
CLARK, THOMAS S 12 BRIDGEWÄTER DRIVE S.E. WINTER HAVEN, FL 33884							ddress (f	(P.O. Box Number is Not Acceptable)				
1						City				F	L Zip Cod	le
	named entit	y submits this statement for	or the purpo	ose of changing its	register	ed office or	register	ed agent, or bo	oth, in the State of F	Florida. Lan	n familiar with,	and accept
SIGNATURE	Signature, ypec	d or printed name of registered agen	Land title if ano	heapla (NOI	E. Coo.nare	ed Agent signatu				DATE		
Filing Fee Is \$61.25 9. Electic					E: negision	on when raiding m	ne rednited	when reinstating)		DATE		
D	_	e is \$61.25		9. Election Car Trust Fund (	npaign f	Financing	ure required	\$5.00 May I		Make che	ck payable t ertment of S	
10.	ue by Se	e is \$61.25		9. Election Car Trust Fund (	npaign f Contribut	Financing tion.		\$5.00 May I Added to Fees		Make che orida Depa	DIRECTORS IN	tate N 10
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12. Thereby certify that the information supplied with this filting 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:

SIGNATURE:

SIGNATURE SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Description of the certify that the information indicates. I further certify that the information indicates in the information indicates