

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2008 08:00 AM
Secretary of State

DOCUMENT # N33893

1. Entity Name
**BRIDGEWATER SUBDIVISION HOMEOWNER'S
ASSOCIATION, INC.**



Principal Place of Business
**% ROBERT E. MURRELL
250 2ND ST. S.W.
WINTER HAVEN, FL 33880**

Mailing Address
**THOMAS S CLARK
12 BRIDGE WATER DR
WINTER HAVEN, FL 33884 US**



01152008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2964340

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CLARK, THOMAS S
12 BRIDGEWATER DRIVE S.E.
WINTER HAVEN, FL 33884**

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	CLARK, THOMAS S
STREET ADDRESS	12 BRIDGEWATER DR
CITY-STATE-ZIP	WINTER HAVEN, FL 33884
TITLE	VP
NAME	GARBRECHT, ALLEN
STREET ADDRESS	5 BRIDGEWATER DR
CITY-STATE-ZIP	WINTER HAVEN, FL 33884
TITLE	P
NAME	HANSEN, NP
STREET ADDRESS	15 BRIDGEWATER DR
CITY-STATE-ZIP	WINTER HAVEN, FL 33884
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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01/24/08-80013-015 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Thomas S. Clark

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-08

Date

863 324 0457

Daytime Phone #

THOMAS S. CLARK