

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90025 041 \*\*\*\*61.25

<b>DOCUMENT # N39086</b> 1. Entity Name BRIDLE PATH HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 3461-B FAIRLANE FARMS RD. WELLINGTON, FL 33414			Mailing Address 3461-B FAIRLANE FARMS RD. WELLINGTON, FL 33414		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3089042	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NEWSOME, JOHN 3461-B FAIRLANE FARMS RD. WELLINGTON, FL 33414				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
		<b>Make check payable to</b> <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	TREASURER <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LLOYD, KAREN		NAME		
STREET ADDRESS	2982 HURLINGHAM DR		STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	JOHNSTON, CAROLINE		NAME		
STREET ADDRESS	2842 HURLINGTON DR		STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	- <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRIMM, LESLIE		NAME		
STREET ADDRESS	2884 HURLINGTON DR		STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	- <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MATZ, DOROTHY		NAME		
STREET ADDRESS	2953 HURLINGHAM DR		STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	- <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FERGUSON, TOM		NAME		
STREET ADDRESS	2856 HURLINGHAM DR		STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DAMMERMAN, MARSHA		NAME	DAMMERMAN, MARSHA	
STREET ADDRESS	2954 HURLINGHAM DR.		STREET ADDRESS	2954 HURLINGHAM DR.	
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP	WELLINGTON, FL 33414	
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: <i>Marsha Dammerman</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <i>March 26, 2008</i> <small>Date</small>		

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