


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90305 004 ****61.25

DOCUMENT # N41859 1. Entity Name BRIDLE OAKS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1162 INDIAN HILLS BLVD VENICE, FL 34293 US			Mailing Address 1162 INDIAN HILLS BLVD VENICE, FL 34293 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0344452	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CALDWELL, ANNETTE K. 1162 INDIAN HILLS BLVD VENICE, FL 34293				Name KEYS CALDWELL, INC.	
				Street Address (P.O. Box Number is Not Acceptable) 1162 INDIAN HILLS BLVD	
				City VENICE, FL 34293	
				State 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 <u><i>James A. Krum</i></u> DATE <u>4/12/06</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	ATD	<input checked="" type="checkbox"/> Delete	TITLE	TD Helen Pesamaska	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KUMMERER, DOROTHY		NAME	775 Bridle Oaks Drive	
STREET ADDRESS	790 BRIDLE OAKS DR		STREET ADDRESS	Venice FL 34292	
CITY-ST-ZIP	VENICE, FL 34292		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	VD Ted Calazza	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLAPP, JOE		NAME	868 Connemara Circle	
STREET ADDRESS	779 BRIDLE OAKS DR		STREET ADDRESS	Venice FL 34292	
CITY-ST-ZIP	VENICE, FL 34292		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCARTHY, LARRY		NAME		
STREET ADDRESS	767 BRIDLE OAKS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34292		CITY-ST-ZIP		
TITLE	VTD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALAZZA, TED		NAME		
STREET ADDRESS	868 CONNEMARA CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34292		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRANSTON, CAROL		NAME		
STREET ADDRESS	744 CONNEMARA CT		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34292		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u><i>James A. Krum</i></u> Date _____ Daytime Phone # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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