

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41859

FILED
Apr 20, 2009
Secretary of State

Entity Name: BRIDLE OAKS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1162 INDIAN HILLS BLVD
VENICE, FL 34293 US

New Principal Place of Business:

Current Mailing Address:

1162 INDIAN HILLS BLVD
VENICE, FL 34293 US

New Mailing Address:

FEI Number: 65-0344452

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEYS CALDWELL, INC
1162 INDIAN HILLS BLVD
VENICE, FL 34293 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: TRACY, BOB
Address: 756 CONNEMARA COURT
City-St-Zip: VENICE, FL 34292

Title: PD () Delete
Name: SLAPP, JOE
Address: 779 BRIDLE OAKS DRIVE
City-St-Zip: VENICE, FL 34292

Title: TD () Delete
Name: ROOZE, RON
Address: 812 CONNEMARA CIRCLE
City-St-Zip: VENICE, FL 34292

Title: SD () Delete
Name: NIMICK, ELLEN
Address: 876 CONNEMARA CT
City-St-Zip: VENICE, FL 34292

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: SZELUGA, RICHARD
Address: 734 CONNEMARA COURT
City-St-Zip: VENICE, FL 34292

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH SLAPP

PD

04/20/2009

Electronic Signature of Signing Officer or Director

Date