2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N45092

Entity Name: BRIDGEWATER AT BEAR BAY HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

13864 TIMBERBROOKE DR
101
ORLANDO, FL 32824 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 770446
ORLANDO, FL 32877 US

New Mailing Address:

FEI Number: 59-3110094 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NE-AN SERVICES
13864 TIMBERBROOKE DR
101
ORLANDO, FL 32824 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: TD ( ) Delete
Name: SINGH, DEBORAH
Address: 3105 SCRUB BRUSH CT
City-St-Zip: KISSIMMEE, FL 34743 US

Title: PD ( ) Delete
Name: WHETSTONE, GUY
Address: 3031 STILLWATER DR
City-St-Zip: KISSIMMEE, FL 34743 US

Title: SD ( ) Delete
Name: TAYLOR, RON
Address: 3020 STILLWATER DR
City-St-Zip: KISSIMMEE, FL 34743 US

Title: VPD ( ) Delete
Name: HARMON, ANNE
Address: 3031 STILLWATER DR
City-St-Zip: KISSIMMEE, FL 34743 US

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:

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: NEIL BAILEY RA 04/30/2008

Electronic Signature of Signing Officer or Director — Date