

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 08, 2009  
Secretary of State**

DOCUMENT# N92000000369

Entity Name: BRIDGEWATER TOWNHOMES HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

487 PINELLAS BAYWAY #103  
TIERRA VERDE, FL 33715

**New Principal Place of Business:**

487 PINELLAS BAYWAY #108  
TIERRA VERDE, FL 33715

**Current Mailing Address:**

487 PINELLAS BAYWAY #103  
TIERRA VERDE, FL 33715

**New Mailing Address:**

FEI Number: 20-3445454      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FORTUNE, MARCIA K  
487 PINELLAS BAYWAY #103  
TIERRA VERDE, FL 33715      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: P      ( ) Delete  
Name: MARSH, MILAN  
Address: 487 PINELLAS BAYWAY #101  
City-St-Zip: TIERRA VERDE, FL 33715

Title: ST      (X) Delete  
Name: FORTUNE, MARCIA K  
Address: 487 PINELLAS BAYWAY #103  
City-St-Zip: TIERRA VERDE, FL 33715

Title: D      ( ) Delete  
Name: MORRISON, RUSSELL  
Address: 487 PINELLAS BAYWAY #106  
City-St-Zip: TIERRA VERDE, FL 33715

**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:

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: MARCIA FORTUNE

ST

04/08/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date