

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90086 016 ****61.25

DOCUMENT # N94000001695

1. Entity Name
**BRIDGEWATER HOMEOWNERS ASSOCIATION OF
MERRITT ISLAND, INC.**



Principal Place of Business
**P O BOX 542226
MERRITT ISLAND, FL 32954 US**

Mailing Address
**P O BOX 542226
MERRITT ISLAND, FL 32954 US**

50002361



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

02202006 Chg-NP CR2E037 (11/05)

City & State
Zip Country

4. FEI Number
59-3244920

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BYRD, MICHELLE
834 WOODBINE DRIVE
MERRITT ISLAND, FL 32952**

7. Name and Address of New Registered Agent

Name **DWIGHT WALKER**

Street Address (P.O. Box Number is Not Acceptable)
2721 BARROW DRIVE

City **MERRITT ISLAND** FL Zip Code **32952**

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 *Dwight Walker* **DWIGHT WALKER TREASURER 2/26/2006**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SNYDER, WAYNE 2729 BARROW DR. MERRITT ISLAND, FL 32952	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BYRD, MICHELLE 834 WOODBINE DR. MERRITT ISLAND, FL 32952	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VALENCIA, LISA 879 WOODBINE DRIVE MERRITT ISLAND, FL 32952	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OTT, DAVID 870 WOODBINE DRIVE MERRITT ISLAND, FL 32952	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DWIGHT WALKER 2721 BARROW DRIVE MERRITT ISLAND, FL 32952	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LARRY BRAMLITT 2726 BARROW DRIVE MERRITT ISLAND, FL 32952	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Wayne Snyder* **Wayne Snyder President**
Signature and typed or printed name of signing officer or director

2/26/06
Date

Daytime Phone #