## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # N9500002396 (8)

BRIDGEWATER TOWNHOUSES HOMEOWNERS' ASSOCIATION, INC.

## FILED Feb 06 1997 8:00am Secretary of State



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Principal Place of Business Mailing Address					T HORIFIER BIG TOTAL DEFINE	ABOUT MADEE BASIL E	IEINA NAAN HIIA I	1811 <b>8 8</b> 111 1881	
487 PINELLAS BAYWAY UNIT 203 487 PINELLAS BAYWAY UNI									
TIERRA VERDE	FL 33715	TIERRA VERDE FL 33715-19	375						
					3. Date Incorporated or Quali 05/18/1995	ied 3a. D	Date of Last R 02/09/19		
,	lace of Business	2a. Mailing Address			4. FEI Number	<del></del> -	Ar	pplied For	
21		26			NOT APPLICABLE	*		ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desire-	<b>5</b> 🔼	\$8.75 Additional Fee Required		
City & State	Э	City & State			6. Election Campaign Financi		\$5.00		
<b>23</b> Zip	Country	28	Countr		Trust Fund Contribution	<u> </u>		to Fees	
24	25	<b>├</b> ¬, '	30	1	This corporation has liabilit     Florida Statutes	y for intangibli Yes		. 199.032,	
<b>Z4</b>	9, Name and Address of Curren		30		10. Name and Address of Ne				
			81	Name -					
SANDHAM, RAY				81 Name BRUNELLE ROGER					
				Disport Aud	I DOS Y . O. DON HOUNDALIS HOLVION	eptable)	UNIT	225	
l	487 PINELLAS BAYWAY UNIT 203				PINELIAE BAY	שארי	UNII .	M22	
IJEKKA 1	VERDE FL 33715		83						
			84	City		Fl	_   35	Code STIS	
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statute	s, the abov	e-named corpore	poration submits this statement for	the purpose	of changing it	ts registered	
agent. I a	egistered asent, or both, in the State m familiar with, and accept the oblig	ions of, Section 617.0573, Flo	rida Statute	y (лю согрога 8.	mons board of directors. Thereby	accept the ap	Pollitinosit as	i ogistotoo	
SIGNATURE	Hospills	umella.							
	ignature, typed in printed name of registerio age			ent signature requi	ired when reinstating)	DATE	ID DIDECTOR	20.151.40	
12.	OFFICERS AND	DELETE	13.	157	ADDITIONS/CHANGES TO	JEFICERS AN	Change	Addition	
TITLE	VD	ביין טבנבוג	1.1 TITLE	1	D .		CAT CIRCUTA	☐ Magitron	
NAME STORES ADORSON	HUTCHINSON, FL YD 487 PINELLAS BAYWAY UNIT	202	1.2 NAME	T 4000F00 41		460			
STREET ADORESS		203	I	T ADDRESS		3.00 <b>2.7</b>	nou:	202	
CITY - S1 - ZIP	TIERRA VERDE FL 37715	DELETE	1.4 CRY-1		LERRA VERde	<u> </u>	Change	Addition	
TITLE	SD STOKES JOHN	₩ nectie	2.1 TITLE	1	D SOLL		, than change	(3) Addition	
NAME	STOKES, JOHN	. 000	2.2 NAME		BENGH BUND	RA	114U	444	
STREET ADDRESS	487 PINELLAS BAYWAY UNIT	203			87 Pineture B	TIMMY.		د سر	
CITY - ST - ZIP	TIERRA VERDE FL 33715	Decrete	2.4 CITY-	ST-ZIP	IERRA VERDE	TL.	3371		
TITLE	TD	☐ DELETE	3.1 TITLE				☐ Change	Addition	
NAME	HUTCHINSON, LINDA		3.2 NAME						
STREET ADDRESS	487 PINELLAS BAYWAY UNIT	203	3.3 STREE	T ADDRESS					
CITY-ST-ZIP	TIERRA VERDE FL 33715		3.4. CITY-	ST-ZIP			<del>* [] [</del>		
TITLE	TD	☐ DELETE	4.1 TITLE				☐ Change	Addition	
NAME	HUTCHIINSON, LINDA		4. 2 NAME				•		
STREET ADDRESS	487 PINELLAS BAYWAY UNIT	203		T ADDRESS		•			
CłTY - ST - ZIP	TIERRA VERDE FL 33715		4.4 CITY -	ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE				Change	Addition	
NAME			5.2 NAME		:		•		
STREET ADDRESS			5.3 STREE	T ADDRESS		1			
CITY-ST-ZIP			5.4 CITY-	ST-ZIP					
TITLE		DELETE	6.1 TITLE				Change	☐ Addition	
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREE	T ADDRESS					
OTY_ST. 7IP			S A CITY						

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

MO TYPED ON PRINTED VAME OF SIGNING OFFICER OF DIRECTOR

11/97 813 864-1562 Daysone Phone 1 0051177