

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002396

FILED  
Mar 30, 2008  
Secretary of State

**Entity Name:** BRIDGEWATER TOWNHOUSES HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

487 PINELLAS BAYWAY UNIT 203  
TIERRA VERDE, FL 33715

**New Principal Place of Business:**

**Current Mailing Address:**

487 PINELLAS BAYWAY UNIT 203  
TIERRA VERDE, FL 33715

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

HUTCHINSON, LINDA  
487 PINELLAS BAYWAY  
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: SD ( ) Delete  
Name: HUTCHINSON, LINDA  
Address: 487 PINELLAS BAYWAY UNIT 203  
City-St-Zip: TIERRA VERDE, FL 33715

Title: VD ( ) Delete  
Name: LAGUE, NORBERT  
Address: 487 PINELLAS BAYWAY UNIT 207  
City-St-Zip: TIERRA VERDE, FL 33715

Title: PD ( ) Delete  
Name: DAVIS, BENJAMIN  
Address: 487 PINELLAS BAYWAY, UNIT 204  
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: LINDA HUTCHINSON

SD

03/30/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date