2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# N96000005308

Entity Name: BRIDGEWATER CROSSING HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5401 SOUTH KIRKMAN ROAD, #450
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

5401 SOUTH KIRKMAN ROAD, #450
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 59-3406561 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT PROFESSIONALS, INC.
5401 SOUTH KIRKMAN ROAD, #450
ORLANDO, FL 32819 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: STAMPER, CHARLENE
Address: 107 HARPERSFIELD STREET
City-St-Zip: DAVENPORT, FL 33896

Title: ST ( ) Delete
Name: PHILLIPS, JEFF
Address: 136 HARPERSFIELD STREET
City-St-Zip: DAVENPORT, FL 33896

Title: VP ( ) Delete
Name: STAMPER, CHARLENE
Address: 107 HARPERSFIELD ST
City-St-Zip: DAVENPORT, FL 33896

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: JONES, ERIC
Address: 417 DARLINGTON LOOP
City-St-Zip: DAVENPORT, FL 33896

Title: T (X) Change ( ) Addition
Name: PHILLIPS, JEFF
Address: 136 HARPERSFIELD STREET
City-St-Zip: DAVENPORT, FL 33896

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: CHARLENE STAMPER P 01/08/2009
Electronic Signature of Signing Officer or Director Date