

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90011 003 ****61.25

DOCUMENT # N98000000535

1. Entity Name

BRIDGE WATER AT LAKE PICKETT HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1633 EAST VINE STREET
 SUITE 110
 KISSIMMEE FL 34744

1633 EAST VINE STREET
 SUITE 110
 KISSIMMEE FL 34744

80022798



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5401 S Kirkman Rd
 Suite, Apt. #, etc. 300

5401 S Kirkman Rd
 Suite, Apt. #, etc. 300

City & State ORLANDO FL

City & State ORLANDO FL

4. FEI Number 59-3491741

Applied For
 Not Applicable

Zip 32819 County USA

Zip 32819 Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARPENTER, SUE
 1633 EAST VINE STREET
 SUITE 110
 KISSIMMEE FL 34744

Name

Street Address (H.O. Box Number is Not Acceptable) 5401 S Kirkman

Suite 300

City ORLANDO FL Zip Code 32819

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.

SIGNATURE *Sue Carpenter*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 1-14-02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	FROELICH, SEAN	5401 KIRKMAN ROAD, SUITE 525	ORLANDO FL 32819	<input type="checkbox"/>
VD	WEGNER, BILL	5401 KIRKMAN ROAD, SUITE 525	ORLANDO FL 32819	<input type="checkbox"/>
TD	MOORE, WILLIAM	5401 KIRKMAN ROAD, SUITE 525	ORLANDO FL 32819	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		5200 Vineland Rd	ORLANDO FL 32811	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		5200 Vineland Rd	ORLANDO FL 32811	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		5200 Vineland Rd	ORLANDO FL 32811	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I 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 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: *Sue Carpenter* PRESIDENT
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1-22-02 Daytime Phone # 407 903 9969

CR2E037 (9/01)