

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 25, 2007 8:00 am
Secretary of State

04-30-2007 90456 039 ****61.25

DOCUMENT # N98000000535

1. Entity Name
**BRIDGE WATER AT LAKE PICKETT HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business
**5401 S. KIRKMAN RD., STE 450
ORLANDO, FL 32819**

Mailing Address
**5401 S. KIRKMAN RD., STE 450
475
ORLANDO, FL 32819**

00010126



04272007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3491741

Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**COMMUNITY MGMT RD
5401 S. KIRKMAN RD., STE 450
ORLANDO, FL 32819**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP AGUAYO, PABLO 743 BRIDGEWAY BLVD ORLANDO, FL 32828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MASON, BLAKE 905 BRIDGEWAY BLVD ORLANDO, FL 32828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SORENSEN, DALE 423 BRIDGEWAY BLVD. ORLANDO, FL 32828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DALE, SORENSON <i>Robert Bursch</i> 423 BRIDGEWAY BLVD <i>13449 Old back rd</i> ORLANDO, FL 32828 <i>Orlando 32828</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, YOUNG <i>Carol Kluz</i> 43449 KITTYPARK RD <i>904 Bridgeway Blvd</i> ORLANDO, FL 32828 <i>Orlando FL 32828</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Robert Bursch* President Date: 5-17-07 Daytime Phone #: 407-273-8330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR