NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State
02-26-2003 90162 039 ****61.25

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DOCUMENT # N98000000535

1. Entity Name: BRIDGEWATER AT LAKE PICKETT HOMEOWNERS ASSN. INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5401 S. Kirkman Rd	5401 S. Kirkman Rd
Suite, Apt. #, etc. 475	Suite, Apt. #, etc. 475
City & State Orlando F	City & State Orlando Fl
Zip 32819 Country	Zip 32819 Country

DO NOT WRITE IN THIS SPACE

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

7. Name and Address of Current Registered Agent

Name: Community Mgmt Prof. Inc.
Street Address (P.O. Box Number is Not Acceptable): 5401 S. Kirkman Rd Suite 475
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Sue Carpenter, Pres. 1-21-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SEAN FROELICH
STREET ADDRESS	5200 VINELAND Rd, #200
CITY-ST-ZIP	ORLANDO Fl 32811
TITLE	DVP
NAME	Jim DIETCH
STREET ADDRESS	5200 Vineland Rd #200
CITY-ST-ZIP	ORLANDO Fl 32811
TITLE	DST
NAME	Helmut Mohle
STREET ADDRESS	5200 Vineland Rd #200
CITY-ST-ZIP	ORLANDO Fl 32811
TITLE	P
NAME	Pablo Aguayo
STREET ADDRESS	743 BRIDGEWAY Blvd
CITY-ST-ZIP	ORLANDO Fl 32828
TITLE	
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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Rob Mohle 1/28/03 407/903-9969 #105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #