2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000151252

1. Entity Name
BAINBRIDGE HOMES, INC.

FILED
May 01, 2006 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
12765 W FOREST HILL BLVD SUITE 1307 WELLINGTON, FL 33414	12765 W FOREST HILL BLVD SUITE 1307 WELLINGTON, FL 33414

DO NOT WRITE IN THIS SPACE

04272006   No Chg-P   CR2E034 (11/05)

4. FEI Number 20-0482860	Applied For
	Not Applicable
5. Certificate of Status Desired ☒	$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHECHTER, RICHARD A
12765 W FOREST HILL BLVD
SUITE 1307
WELLINGTON, FL 33414

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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 reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2006 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	$5.00 May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	SCHECHTER, RICHARD A
STREET ADDRESS	12765 W FOREST HILL BLVD SUITE 1307
CITY-ST-ZIP	WELLINGTON, FL 33414

TITLE	D
NAME	MEAD, SHEILA N
STREET ADDRESS	12765 W FOREST HILL BLVD SUITE 1307
CITY-ST-ZIP	WELLINGTON, FL 33414

TITLE	D
NAME	BANKS, GEORGE W
STREET ADDRESS	12765 W FOREST HILL BLVD SUITE 1307
CITY-ST-ZIP	WELLINGTON, FL 33414

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 607, 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: _____ Thomas J. Krady   4/27/06   561 333 3669

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #