

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

05-22-2008 90023 026 ***158.75

DOCUMENT # P03000151252

1. Entity Name
BAINBRIDGE HOMES, INC.



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

Mailing Address
**12765 W FOREST HILL BLVD
SUITE 1307
WELLINGTON, FL 33414**

60043604



04232008 Chg-P CR2E034 (12/06)

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**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPS	<input type="checkbox"/> Delete
NAME	SCHECHTER, RICHARD A	
STREET ADDRESS	12791 W FOREST HILL BLVD SUITE #5B	
CITY - ST - ZIP	WELLINGTON, FL 33414	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	GAZIANO, BARBARA	
STREET ADDRESS	12791 W FOREST HILL BLVD SUITE #5B	
CITY - ST - ZIP	WELLINGTON, FL 33414	
TITLE	D	<input type="checkbox"/> Delete
NAME	BANKS, GEORGE W	
STREET ADDRESS	12765 W FOREST HILL BLVD SUITE 1307	
CITY - ST - ZIP	WELLINGTON, FL 33414	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	AS ANN CONEN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	12791 W FOREST HILL BLVD 5-B	
STREET ADDRESS	WELLINGTON, FL 33414	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas J. Keady 4/23/08 561-333-3669

Date

Daytime Phone #