

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED 521

May 01, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000097828

1. Entity Name
BAINBRIDGE HERITAGE HARBOUR, INC.



Principal Place of Business
12765 WEST FOREST HILL BOULEVARD
SUITE 1307
WELLINGTON, FL 33414

Mailing Address
12765 WEST FOREST HILL BOULEVARD
SUITE 1307
WELLINGTON, FL 33414



04202007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1728646	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHECHTER, RICHARD A
12765 WEST FOREST HILL BOULEVARD
SUITE 1307
WELLINGTON, FL 33414

**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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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
STREET ADDRESS	12765 W. FOREST HILL BLVD., SUITE 1307
CITY-ST-ZIP	WELLINGTON, FL 33414

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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05/18/07-80125-022 158.75

**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 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 Keady
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/07

561-333-3669

Date Daytime Phone #