

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

521
FILED
May 01, 2008 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



04232008

No Chg-P

CR2E034 (11/05)

4. FEI Number

06-1728646

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

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 re-statuting)

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

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
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STREET ADDRESS
CITY-ST-ZIP

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U00000941900
05/28/08-80125-009 158.75

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rick Giles 4/ 29/08 561-333-3669

Date

Daytime Phone #