

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16331

Entity Name: BRIDGEWATER H.O.A., INC.**Current Principal Place of Business:**240 CANAL BLVD
SUITE 2
PONTE VEDRA BEACH, FL 32082**Current Mailing Address:**5455 A1A SOUTH
SAINT AUGUSTINE, FL 32080**FEI Number: 59-2865385****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MAY MANAGEMENT SERVICES, INC
5455 A1A SOUTH
SUITE 3
SAINT AUGUSTINE, FL 32080 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	MCWADE, DEBORAH
Address	5455 A1A SOUTH
City-State-Zip:	SAINT AUGUSTINE FL 32080

Title	S
Name	MCCANN, CHERYL S
Address	5455 A1A SOUTH
City-State-Zip:	SAINT AUGUSTINE FL 32080

Title	T
Name	LEVCHUK, JOHN R
Address	5455 A1A SOUTH
City-State-Zip:	ST AUGUSTINE FL 32080

Title	D
Name	PAGE, CLAUDIA
Address	5455 A1A SOUTH
City-State-Zip:	ST. AUGUSTINE FL 32080

Title	D
Name	DAVEY, FRANCIS
Address	5455 A1A SOUTH
City-State-Zip:	ST. AUGUSTINE FL 32080

Title	D
Name	HOLLAND, JOHNATHAN G
Address	5455 A1A SOUTH
City-State-Zip:	ST. AUGUSTINE FL 32080

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DEBORAH J MCWADE**PRESIDENT****01/28/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date