## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE

NTED NAME OF SIGNING OFFICER OR DIRECTOR

## Apr 12, 2004 8:00 am Secretary of State DOCUMENT # N00000002258 04-12-2004 90255 001 \*\*\*\*61.25 MANGO BAY I AT BRIDGEWATER BAY CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address C/O SOUTHWEST PROPERTY C/O SOUTHWEST PROPERTY 1044 CASTELLO DR., #206 1044 CASTELLO DR., #206 NAPLES, FL 34103 NAPLES, FL 34103 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03192004 CR2E037 (10/03) 4. FEI Number 59-3716372 Applied For City & State City & State Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required, 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KETCHUM, SCOTT M (P.O. Box Number is Not Acceptable) PELICAN BAY BLVD 4001 TAMIAMI TRAIL NORTH STE. 300 NAPLES, FL 34103 PLES 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 (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee 15 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11, VD ☐ Delete TITLE TITI F ☐ Change ☐ Addition DRUMMOND, LINWOOD NAME NAME 3074 WINDSONG CT., #504 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34109 CITY-ST-ZIP ☐ Change ☐ Defete TITLE ☐ Addition TITL F JEFFREY, CECIL W NAME NAME STREET ADDRESS 3073 WINDSONG CT., #604 STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34109 CITY-ST-ZIP TITLE STD Delete TITLE ☐ Change ☐ Addition NAME STRELD, COLETTE NAME STREET ADDRESS 3077 WINDSONG CT., #102 STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34109 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of trustee empowered to execute this report as required by Chapter 617, 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.

**FILED**