2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000002258

1. Entity Name

MANGO BAY I AT BRIDGEWATER BAY CONDOMINIUM ASSOCIATION, INC.



05-11-2005 90124 042 ****61.25

FILED May 11, 2005 8:00 am Secretary of State

						V	25.										
Principal Place of Business C/O SOUTHWEST PROPERTY 1044 CASTELLO DR., #206 NAPLES, FL 34103			C/O S 1044	Mailing Address C/O SOUTHWEST PROPERTY 1044 CASTELLO DR., #206 NAPLES, FL 34103										05:			
2. Principal Place of Business			3. Mailing Address									ill li					
Suite, Apt. #, etc.			Suite, Apt. #, etc.					03222	2005	Chg	-NP	(CR2EC	37 (10	/03)		
City & State			City & State				Î		Numbe -3716		•					olied For Applicable	
Zip Country		Zip			intry		5. Certificate of Status Desired				d	\$8.75 Additional Fee Required					
	6. Name an	d Address of Current	Registere	d Agent				7. Nan	ne and	Addre	ss of Ne	w Reg	istered	Agent			
05011 141	ICCCCOX					Name											
CECIL, W. JEFFERY 5801 PELICAN BAY BLVD. STE. 300				-			reet Address (P.O. Box Number is Not Acceptable)										
NAPLES, I	FL 34108					City						· 		Zi	p Code		
													F	- - ''			
	named entity so tions of registere	ubmits this statement fo ed agent.	or the purp	ose of changing its	register	ed office or re	registere	ed agent	, or bot	h, in th	e State o	f Florid	la. I am	familia	r with, a	and accept	
SIGNATURE		printed name of registered agent	and title if appl	licable (NOTI	: Registere	d Agent signature	e required s	when reinsta	atina)				DATE				
Filing Fee Is \$61.25 Due by May 1, 2005				9. Election Campaign Financing Trust Fund Contribution.													
	_							\$5.00 Added to		е	F			k paya rtment			
10.	_		RECTORS					Added to	Fees		TO OFF	lorida	ъ Бера	rtment	of St	ate	
TITLE NAME	VD DRUMMÖNI	OFFICERS AND DI	RECTORS		11.	E E	A	Added to	Fees			lorida	ъ Бера	rtment	of Sta	ate	
TITLE	VD DRUMMÖNI 3074 WINDS NAPLES, FL	y 1, 2005 OFFICERS AND DII D, LINWOOD SONG CT., #504	RECTORS	Trust Fund (11. TITU NAM	ion. C	PRE	Added to	S/CH/	ANGES	TO OFF	lorida	ъ Бера	rtment IRECTO IX CI	ORS IN	10 Addition	
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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 or 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.

SIGNATURE:

MONATURE AND TYPES OR PRINTED NG OFFICER OR DIRECTOR

Daytime Phone #