



2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jun 16, 2004 8:00 am**  
**Secretary of State**

06-16-2004 90013 006 \*\*\*\*61.25

<b>DOCUMENT # N00000002259</b>					
1. Entity Name MANGO BAY II AT BRIDGEWATER BAY CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2055 TRADE CENTER WAY NAPLES, FL 34109		Mailing Address C/O SOUTHWEST PROPERTY MGMT. 1044 CATELLO DR. #206 NAPLES, FL 34103		<p style="text-align: right; font-size: 1.2em;">34037672</p> 	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		03192004 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-3716374		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KETCHUM, SCOTT M 4001 TAMIAMI TRIAL NORTH STE. 300 NAPLES, FL 34103			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State <b>FL</b> Zip Code		
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) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	PRES <input type="checkbox"/> Change <input type="checkbox"/> Addition LEE GROVER 3081 Windsong CT # 802 NAPLES, FL 34109		
NAME	COTTER, JEFFERY J	NAME	VP <input type="checkbox"/> Change <input type="checkbox"/> Addition KENNETH PHILLIPS 7320 PROVINCE WAY #2308 NAPLES, FL 34109		
STREET ADDRESS	90 MINNEHAHA CIRCLE	STREET ADDRESS	S/T <input type="checkbox"/> Change <input type="checkbox"/> Addition JOHN HOLAHAN 3082 Windsong CT #304 NAPLES, FL 34109		
CITY-ST-ZIP	MAITLAND, FL 32751	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE			
NAME	WOOD, STUART G	NAME			
STREET ADDRESS	25099 PINEWATER COVE LN	STREET ADDRESS			
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE			
NAME	WENDT, PETER W	NAME			
STREET ADDRESS	14588 JONATHAN HARBOUR DR	STREET ADDRESS			
CITY-ST-ZIP	FORT MYERS, FL 33908	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	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 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: _____		5-24-04		239 261-3440	
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	