


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

05-11-2005 90124 041 \*\*\*\*61.25

**DOCUMENT # N00000002259**

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**

**50051510**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

03222005 Chg-NP CR2E037 (10A03)

City & State

4. FEI Number  
**59-3716374**

Applied For  
 Not Applicable

City & State

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**KETCHUM, SCOTT M  
 4001 TAMiami TRIAL NORTH  
 STE. 300  
 NAPLES, FL 34103**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to  
 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	GROVER, LEE	
STREET ADDRESS	3081 WINDSONG CT #802	
CITY-ST-ZIP	NAPLES, FL 34109	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PHILLIPS, KENNETH	
STREET ADDRESS	7320 PROVINCE WAY #2308	
CITY-ST-ZIP	NAPLES, FL 34109	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HOLAHAN, JOHN	
STREET ADDRESS	3082 WINDSONG CT P304	
CITY-ST-ZIP	NAPLES, FL 34109	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:** *Lee E. Grover* **4-13-05** **239-287-2482**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #