

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90409 031 ****61.25

0084178

DOCUMENT # N00000002259

1. Entity Name

**MANGO BAY II AT BRIDGEWATER BAY CONDOMINIUM ASSO
CIATION, INC.**



Principal Place of Business

**2055 TRADE CENTER WAY
NAPLES FL 34109**

Mailing Address

**2055 TRADE CENTER WAY
NAPLES FL 34109**

2. Principal Place of Business

3. Mailing Address

910 Southwest Property Mgmt.

1044 Castello Dr. #206

Suite, Apt. #, etc.

Naples, FL

City & State

Zip

34103

Country

USA



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3716374**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
NAME **COTTER, JEFFERY J**
STREET ADDRESS **90 MINNEHAHA CIRCLE**
CITY-ST-ZIP **MAITLAND FL 32751**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **WOOD, STUART G**
STREET ADDRESS **25099 PINEWATER COVE LN**
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **WENDT, PETER W**
STREET ADDRESS **14588 JONATHAN HARBOUR DR**
CITY-ST-ZIP **FORT MYERS FL 33908**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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: **SIGNATURE RECEIVED**

CR2E037 (10/02)