

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002332

FILED  
Apr 18, 2008  
Secretary of State

**Entity Name:** BOCA BAY AT BRIDGEWATER BAY NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

6700 LONE OAK BLVD  
NAPLES, FL 34109

**New Principal Place of Business:**

**Current Mailing Address:**

6700 LONE OAK BLVD  
NAPLES, FL 34109

**New Mailing Address:**

**FEI Number:** 65-1100172

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GUARDIAN PROPERTY MANAGEMENT  
6700 LONE OAK BLVD  
NAPLES, FL 34109 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CHRISTENSEN, PETE  
Address: 3157 SUNDANCE CIR  
City-St-Zip: NAPLES, FL 34109

Title: V ( ) Delete  
Name: ANDREWS, DON  
Address: 3156 SUNDANCE CIR  
City-St-Zip: NAPLES, FL 34109

Title: ST ( ) Delete  
Name: PFAFF, DONNA  
Address: 3180 SUNDANCE CIR  
City-St-Zip: NAPLES, FL 34109

Title: D ( ) Delete  
Name: COMELLA, TOM  
Address: 3117 SUNDANCE CIR  
City-St-Zip: NAPLES, FL 34109

Title: D (X) Delete  
Name: ELLIS, PATRICIA  
Address: 3131 SUNDANCE CIR  
City-St-Zip: NAPLES, FL 34109

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ST (X) Change ( ) Addition  
Name: COMELLA, TOM  
Address: 3117 SUNDANCE CIR  
City-St-Zip: NAPLES, FL 34109

Title: D (X) Change ( ) Addition  
Name: MEILLER, HENRI  
Address: 3191 SUNDANCE CIR  
City-St-Zip: NAPLES, FL 34109

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BYRON ROSS

MGR

04/18/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date