


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

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

05-11-2005 90124 046 \*\*\*\*61.25

**DOCUMENT # N02000003212**

1. Entity Name  
**COCONUT BAY II AT BRIDGEWATER CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**2055 TRADE CENTER WAY  
 NAPLES, FL 34109**

Mailing Address  
**C/O SOUTHWEST PROPERTY MGMTN  
 1044 CASTELLO DRIVE, #206  
 NAPLES, FL 34103 US**

**50051505**



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

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

03222005 Chg-NP CR2E037 (10/03)

City & State  
 Zip Country

4. FEI Number  
**51-0458480**

Applied For  
 Not Applicable

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

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

**COLEMAN, KEVIN G  
 4001 TAMIAMI TRAIL NORTH  
 SUITE 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	D <input type="checkbox"/> Delete
NAME	COTTER, JEFFREY J
STREET ADDRESS	90 MINNEHABA CIRCLE
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	D <input type="checkbox"/> Delete
NAME	WOOD, GARY S
STREET ADDRESS	25099 PINEWATER COVE
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	D <input type="checkbox"/> Delete
NAME	WENDT, PETER
STREET ADDRESS	14588 JONATHAN HARBOR DRIVE
CITY-ST-ZIP	FORT MYERS, FL 33908
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:  DATE: **4/12/05** DAYTIME PHONE #: **239 261-3440**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR