


2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90464 038 ****61.25

DOCUMENT # N02000003215

1. Entity Name
CORAL BAY III AT BRIDGEWATER BAY CONDOMINIUM
ASSOCIATION, INC.



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

Mailing Address
2055 TRADE CENTER WAY
NAPLES, FL 34109

64074010



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Mailing Address:
C/O Southwest Property Mgmt.
1044 Castello Drive #206
Naples, FL 34103 USA

03192004 Chg-NP CR2E037 (10/03)

4. FEI Number
31-0458485 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: _____
Signature, typed or printed name of registered agent and title if applicable. (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. \$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 MINNEHAHA 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		

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: 4-9-04 Daytime Phone #: 239-261-3440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR