

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N00000002261**

1. Entity Name

**TURTLE BAY III AT BRIDGEWATER BAY CONDOMINIUM AS**

Principal Place of Business

Mailing Address

**2055 TRADE CENTER WAY  
NAPLES FL 34109****2055 TRADE CENTER WAY  
NAPLES FL 34109**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For  
☐ Not Applicable5. 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 TRAIL 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.

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  
Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteD  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
**JEFFREY J. COTTER  
90 MINNEHAHA CIRCLE  
MAITLAND FL 32751**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteD  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
**G. STUART WOOD  
25099 PINEWATER COVE LANE  
BONITA SPRINGS FL 34134**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteD  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
**PETER W. WENDT  
14588 JONATHAN HARBOUR DRIVE  
FORT MYERS FL 33908**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:****JEFFREY J. COTTER****4/24/01****941-597-7727**

0072435

CR2E037 (10/00)

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90090 005 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE