

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90712 024 ****61.25

DOCUMENT # N00000001403

1. Entity Name

**BRIDGEWATER BAY PROPERTY OWNER'S ASSOCIATION, IN
C.**



11

Principal Place of Business

**2055 TRADE CENTER WAY
NAPLES FL 34105**

Mailing Address

**2055 TRADE CENTER WAY
NAPLES FL 34105**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

90 Southwest Property Mgmt.

1044 Castello Dr, #206

Naples, FL

34103

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3716386**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KETCHUM, SCOTT M
4001 TAMiami TRAIL N
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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 REQUIRED

CR2E037 (10/02)