

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90307 039 ****61.25

DOCUMENT # N00000002253

1. Entity Name
RUM BAY I AT BRIDGEWATER BAY CONCOMINIUM
ASSOCIATION, INC.



Principal Place of Business
C/O SOUTHWEST PROPERTY MGMT.
1044 CASTELLO DR., #206
NAPLES, FL 34103

Mailing Address
C/O SOUTHWEST PROPERTY MGMT.
1044 CASTELLO DR., #206
NAPLES, FL 34103

04000912



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03192004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3716383

Applied For
Not Applicable

Zip

Country

Zip

Country

5. 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. 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 PD
NAME BRENNAN, JANICE ☐ Delete
STREET ADDRESS 309 HORIZON LN., #2603
CITY-ST-ZIP NAPLES, FL 34109

TITLE STD
NAME CARBONERO, MARIE ☐ Delete
STREET ADDRESS 3015 HORIZON LN., #2705
CITY-ST-ZIP NAPLES, FL 34109

TITLE D
NAME BERIVINO, ANDREW ☐ Delete
STREET ADDRESS 3015 HORIZON LN., #2702
CITY-ST-ZIP NAPLES, FL 34110

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
NAME
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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:

Janice A Brennan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-29-04