

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2005 8:00 am
Secretary of State

05-16-2005 90200 010 ****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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03242005 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number 59-3716383	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME BRENNAN, JANICE STREET ADDRESS 309 HORIZON LN., #2603 CITY-ST-ZIP NAPLES, FL 34109	<input checked="" type="checkbox"/> Delete		TITLE PRES NAME ALAN ABRONSKI STREET ADDRESS 3019 HORIZON LANE #2608 CITY-ST-ZIP NAPLES FL 34109	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE STD NAME CARONERO, MARIE STREET ADDRESS 3015 HORIZON LN., #2705 CITY-ST-ZIP NAPLES, FL 34109	<input checked="" type="checkbox"/> Delete		TITLE VICE PRES NAME JOHN PRINCIPAL STREET ADDRESS 500 PELCONIC ST. #23-1A CITY-ST-ZIP RONKONKOMA, NY 11779	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME BERIVINO, ANDREW STREET ADDRESS 3015 HORIZON LN., #2702 CITY-ST-ZIP NAPLES, FL 34110	<input checked="" type="checkbox"/> Delete		TITLE SCOTT TREASURER NAME JAMES SPANGLER STREET ADDRESS 3019 HORIZON LANE #2604 CITY-ST-ZIP NAPLES, FL 34109	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Alan Abronski</i>			4/21/05		239 261-3440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #