2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000002253



FILED

May 16, 2005 8:00 am Secretary of State

DOCUMENT # N0000002253 1. Entity Name RUM BAY I AT BRIDGEWATER BAY CONCOMINIUM ASSOCIATION, INC.								05-16-2005	90200 0	10 ****6	1.25
Principal Place of Business C/O SOUTHWEST PROPERTY MGMT. 1044 CASTELLO DR., #206 NAPLES, FL 34103			C/O S 1044	Mailing Address C/O SOUTHWEST PROPERTY MGMT. 1044 CASTELLO DR., #206 NAPLES, FL 34103							
2. Principal Place of Business			3. Mai	3. Mailing Address							
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.			03242005	Chg-NP	CR2E03	7 (10/03)	
City & State			City & State				4. FEI Number 59-3716			<u> </u>	plied For at Applicable
Zip	Zip Country		Zip	Zip Co		intry	5. Certificate of Status Desired S8.75 Add Fee Required				
	6. Name	and Address of Curre	nt Registere	d Agent			7. Name and	Address of New I	Registered /	Agent	
KETCHUM, SCOTT M					Name Street Address	s (P.O. Box Number	r is Not Acceptabl	la\	<u> </u>		
4001 TAMIAMI TRAIL NORTH STE. 300 NAPLES, FL 34103						0.00071001000	, i.e. dox rumadi	- I Tot / Gooptao			
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	named entit	y submits this statemen ered agent.	t for the purp	ose of changing its	register	ed office or registe	ered agent, or both	n, in the State of Fl	lorida. I am	familiar with,	and accept
SIGNATURE .		-									•
		or printed name of registered ag	pent and title II app	olicable. (NOT	E: Registere	d Agent signature require	red when reinstating)		DATE		
	Signature, typed	or printed name of registered ac e is \$61.25 flay 1, 2005	gent and title II app	9. Election Car Trust Fund (mpaign F	inancing _	\$5.00 May Be Added to Fees	, ,	DATE Make checi orida Depar		
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I nereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I furfier certify that the information indicated on this report or supplied with an 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

Ri SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

261-3440