

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90008 043 ****61.25

DOCUMENT # N00000002254

1. Entity Name
RUM BAY II AT BRIDGEWATER BAY CONDOMINIUM
ASSOCIATION, INC.



Principal Place of Business
%SOUTHWEST PROPERTY MGMT
1044 CASTELLO DR #206
NAPLES, FL 34103

Mailing Address
%SOUTHWEST PROPERTY MGMT
1044 CASTELLO DR #206
NAPLES, FL 34103

34046030



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

59-3716384

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

SOUTHWEST PROPERTY MANAGEMENT CORP
1044 CASTELLO DR #206
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

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 TAFUTO, MAUREEN
STREET ADDRESS 3031 HORIZON LN #230 2307
CITY-ST-ZIP NAPLES, FL 34109 ☐ Delete

TITLE VD
NAME TAVARES, CESAR
STREET ADDRESS 3027 HORIZON LN #240
CITY-ST-ZIP NAPLES, FL 34109 ☒ Delete

TITLE STD
NAME BLACKWELL, DAWN
STREET ADDRESS 3023 HORIZON LN #250
CITY-ST-ZIP NAPLES, FL 34109 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE VD
NAME JOHN HARTNETT
STREET ADDRESS 3023 HORIZON LN #2302
CITY-ST-ZIP NAPLES, FL 34109 ☐ Change ☐ Addition

TITLE STD
NAME LOUIS TAFUTO
STREET ADDRESS 3031 HORIZON LN
CITY-ST-ZIP NAPLES, FL 34109 ☐ Change ☐ Addition

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

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

TITLE
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-26-04

237-
596-1244