

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

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90319 027 ****61.25

DOCUMENT # N00000002254

1. Entity Name

RUM BAY II AT BRIDGEWATER BAY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**2055 TRADE CENTER WAY
NAPLES FL 34109**

Mailing Address

**2055 TRADE CENTER WAY
NAPLES FL 34109**

40008724



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

96 Southwest Property Mgmt.

Suite, Apt. #, etc.

1044 Castello Dr. #206

City & State

Naples, FL

Zip

34103

Country

USA

3. Mailing Address

Same

Suite, Apt. #, etc.

Same

City & State

Same

Zip

Same

Country

Same

4. FEI Number **59-3716384**

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 NORTH
STE. 400
NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name **Southwest Property Management Corp.**
Street Address (P.O. Box Number Not Applicable) **1044 Castello Dr. #206**
City **Naples** FL **34103**

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, JEFFREY J**
STREET ADDRESS **90 MINNEHAHA CIRCLE**
CITY-ST-ZIP **MAITLAND FL 32751**

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

TITLE **D** ☒ Delete
NAME **WENDT, PETER W**
STREET ADDRESS **14588 JONATHAN HARBOUR DRIVE**
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 **PD** ☐ Change ☒ Addition
NAME **Tafuto, Maureen**
STREET ADDRESS **3031 Horizon Ln. # 230**
CITY-ST-ZIP **Naples, FL 34109**

TITLE **VD** ☐ Change ☒ Addition
NAME **Tavares, Cesar**
STREET ADDRESS **3027 Horizon Ln. #240**
CITY-ST-ZIP **Naples, FL 34109**

TITLE **STB** ☐ Change ☒ Addition
NAME **Blackwell, Dawn**
STREET ADDRESS **3023 Horizon Ln. #250**
CITY-ST-ZIP **Naples, FL 34109**

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

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

TITLE ☐ Change ☐ Addition
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: **Maureen Tafuto** 4-15-03

CR2E037 (10/02)