2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002255

FILED Apr 25, 2006 Secretary of State

Entity Name: RUM BAY III AT BRIDGEWATER BAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O SOUTHWEST PROPERTY MGMT. 1044 CASTELLO DR. #206

NAPLES, FL 34103

Current Mailing Address:

New Mailing Address:

6700 LONE OAK BLVD

NAPLES, FL 34109

C/O SOUTHWEST PROPERTY MGMT. 6700 LONE OAK BLVD 1044 CASTELLO DR. #206 NAPLES, FL 34109

NAPLES, FL 34103

10 11 220, 12 04100

FEI Number: 59-3716385 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SOUTHWEST PROPERTY MANGEMENT CORP.

GUARDIAN PROPERTY MANAGEMENT

 1044 CASTELLO DR. #206
 6700 LONE OAK BLVD

 NAPLES, FL 34103
 US

 NAPLES, FL 34109
 US

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.

SIGNATURE: BYRON ROSS 04/25/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: VP (X) Change() Addition

 Name:
 MILOTTE, LEO
 Name:
 FORD, JAMES

 Address:
 3039 HORIZON LN. #2107
 Address:
 3039 HORIZON LN. #2104

 City-St-Zip:
 NAPLES, FL 34109
 City-St-Zip:
 NAPLES, FL 34109

Title: DST () Delete Title: P (X) Change () Addition

Name: LYONS, PAUL Name: LYONS, PAUL

 Address:
 3043 HORIZON LN. #2008
 Address:
 3043 HORIZON LN. #2008

 City-St-Zip:
 NAPLES, FL 34109
 City-St-Zip:
 NAPLES, FL 34109

Title: D () Delete Title: S/T (X) Change () Addition

 Name:
 LECOMTE, JOHN
 Name:
 LECOMTE, JOHN

 Address:
 3043 HORIZON LANE # 2001
 Address:
 3043 HORIZON LANE # 2001

City-St-Zip: NAPLES, FL 34109 City-St-Zip: NAPLES, FL 34109

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BYRON ROSS MGR 04/25/2006