

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91579 012 \*\*\*\*61.25

**DOCUMENT # N00000002257**

1. Entity Name

**TURTLE BAY II AT BRIDGEWATER BAY CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

TRADE CENTER WAY  
NAPLES FL 341092055 TRADE CENTER WAY  
NAPLES FL 34109

00001000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

59-3716381

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****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.

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**  
**Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE **D** ☐ Delete  
NAME **COTTER, JEFFREY J**  
STREET ADDRESS **90 MINNEHAHA CIRCLE**  
CITY-ST-ZIP **MAITLAND FL 32751**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **WOOD, G. STUART**  
STREET ADDRESS **25099 PINEWATER COVE LANE**  
CITY-ST-ZIP **BONITA SPRINGS FL 34134**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **WENDT, PETER W**  
STREET ADDRESS **14588 JONATHAN HARBOUR DRIVE**  
CITY-ST-ZIP **FORT MYERS FL 33908**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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CITY-ST-ZIPTITLE ☐ 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:****SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)