

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 27, 2004 8:00 am**  
**Secretary of State**

05-27-2004 90014 011 \*\*\*\*61.25

**DOCUMENT # N00000002257**

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



**Principal Place of Business**  
C/O SOUTHWEST PROPERTY MGMT  
1044 CASTELLO DRIVE SUITE 206  
NAPLES, FL 34103

**Mailing Address**  
C/O SOUTHWEST PROPERTY MGMT  
1044 CASTELLO DRIVE SUITE 206  
NAPLES, FL 34103

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03192004

Chg-NP

CR2E037 (10/03)

**4. FEI Number**  
59-3716381

Applied For  
Not Applicable

**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**

SOUTH PROPERTY MANAGEMENT CORP  
1044 CASTELLO DRIVE  
SUITE 206  
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. 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**

**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-ZIP**

**TITLE** 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-ZIP**

**TITLE** 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-ZIP**

**TITLE** PD ☒ Delete  
**NAME** ABBOTT, RUDYARD  
**STREET ADDRESS** 3056 HORIZON LANE SUITE 1303  
**CITY-ST-ZIP** NAPLES, FL 34109

**TITLE** ☐ Change ☐ Addition  
**NAME** ST ANNETTE CAPONETTO  
**STREET ADDRESS** 3059 HORIZON LN #1601  
**CITY-ST-ZIP** NAPLES, FL 34109

**TITLE** SD ☐ Delete  
**NAME** SWARTZ, MARILYN  
**STREET ADDRESS** 3056 HORIZON LANE SUITE 1301  
**CITY-ST-ZIP** NAPLES, FL 34109

**TITLE** ☒ Change ☐ Addition  
**NAME** PRES MARILYN SWARTZ  
**STREET ADDRESS** Marilyn Swartz  
**CITY-ST-ZIP**

**TITLE** D ☐ Delete  
**NAME** PAGE, GEORGE  
**STREET ADDRESS** 3059 HORIZON LANE SUITE 1605  
**CITY-ST-ZIP** NAPLES, FL 34109

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-04

239-261-3440