

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

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

04-25-2003 90318 040 ****61.25

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1. Entity Name

TURTLE 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**

40008661



2. Principal Place of Business

c/o Southwest Property Mgmt.

3. Mailing Address

Suite, Apt. #, etc.

1044 Castello Dr. #206

City & State

Naples, FL

Zip

Country

34103

USA

Zip

Country

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

**KETCHUM, SCOTT M
4001 TAMiami TRAIL NORTH
STE. 300
NAPLES FL 34103**

7. Name and Address of New Registered Agent

Southwest Property Management Corp.

1044 Castello Dr. #206

City

Naples,

FL

Zip Code

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	<input checked="" type="checkbox"/> Delete
NAME	COTTER, JEFFREY J	
STREET ADDRESS	90 MINNEHAHA CIRCLE	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WOOD, G. STUART	
STREET ADDRESS	25099 PINEWATER COVE LANE	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WENDT, PETER W	
STREET ADDRESS	14588 JONATHAN HARBOUR DRIVE	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Abbott, Rudyard	
STREET ADDRESS	3056 Horizon Ln. #1303	
CITY-ST-ZIP	Naples, FL 34109	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Swartz, Marilyn	
STREET ADDRESS	3056 Horizon Ln. #1301	
CITY-ST-ZIP	Naples, FL 34109	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Page, George	
STREET ADDRESS	3059 Horizon Ln. #1605	
CITY-ST-ZIP	Naples, FL 34109	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Marilyn Swartz

4-15-03

CR2E037 (10/02)