2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002258

FILED Apr 30, 2009 Secretary of State

Entity Name: MANGO BAY AT BRIDGEWATER BAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:				
0700 LONE OAK BLVD NAPLES, FL 34109				37010 TAMIAMI TRAIL NORTH THIRD FLOOR NAPLES, FL 34103				
Current Mailing Address:				New Mailing Address:				
3700 LONE OAK BLVD NAPLES, FL 34109				37010 TAMIAMI TRAIL NORTH THIRD FLOOR NAPLES, FL 34103				
El Number:	59-3716372	FEI Number Applied For ()	FEI Nun	nber Not Appl	icable ()	Certificate of Status D	esired ()	
Name and Address of Current Registered Agent: Na					Name and Address of New Registered Agent:			
GUARDIAN PROPERTY MANAGEMENT 3700 LONE OAK BLVD NAPLES, FL 34109 US				COMPASS GROUP 3701 TAMIAMI TRAIL NORTH THIRD FLOOR NAPLES, FL 34103 US				
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, n the State of Florida.								
SIGNATURE: JEFF MITCHELL Electronic Signature of Registered Agent				04/30/2009				
				Date				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Fitle: Name: Address: City-St-Zip:	P () DRUMMOND, LI 3074 WINDSON NAPLES, FL 34	G CT., #501		Title: Name: Address: City-St-Zip:	() Change ()Addition		
Fitle: Name: Address: City-St-Zip:	VP () SCAIANO, DONI 3081 WINDSON NAPLES, FL 34	G CT., #803		Title: Name: Address: City-St-Zip:	D (X SCAIANO, DON 3081 WINDSO NAPLES, FL 3	NG CT., #803		
Fitle: Name: Address: City-St-Zip:	VP () PHILLIPS, KEN 3081 WINDSON NAPLES, FL 34			Title: Name: Address: City-St-Zip:	() Change ()Addition		
Fitle: Name: Address: City-St-Zip:	S () MCANENY, JOA 3089 WINDSON NAPLES, FL 34	G CT. #1003		Title: Name: Address: City-St-Zip:	() Change ()Addition		
Fitle: Name: Address: City-St-Zip:	T () HOLAHAN, JOHI 3074 WINDSON NAPLES, FL 34	G CT. #503		Title: Name: Address: City-St-Zip:	() Change ()Addition		

I hereby certify that the information supplied with this filing does not qualify 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: LIN DRUMMOND P 04/30/2009