2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000002259

MANGO BAY II AT BRIDGEWATER BAY CONDOMINIUM ASSOCIATION, INC.



FILED Jun 16, 2004 8:00 am Secretary of State

06-16-2004 90013 006 ****61.25



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2055 TRADE CENTER WAY C/O NAPLES, FL 34109 104				ailing Address /O SOUTHWEST PROPERTY MGMT. 044 CATELLO DR.,#206 IAPLES, FL 34103				1 18 6 /10 8 /1	ARIJA BALIH ARIJA BACIH K			(6/2
2. Principal Place of Business 3. Ma				Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.					03192004	Chg-NP	CR2E03	7 (10/03)	
City & State			City & State					4. FEI Number 59-3716				oplied For
Zip					Cou	ountry		5. Certificate	of Status Desired		\$8.75 Add	ditional
	5. Name	and Address of Current	Registered	1 Agent				7 Name and	Address of New	Pagistared A	gent	
KETCHUM 4001 TAM STE. 300 NAPLES, I	1, SCOTT I IAMI TRIAI	M		27gon		Name Street Ad			er is Not Acceptab		yen	
						City		.		FL	Zip Cod	 ә
8. The above the obligat	named entity	submits this statement for ered agent.	or the purpo	ose of changing its	registere	ed office or r	registere	d agent, or bot	h, in the State of F	Florida. I am f	amiliar with,	and accept
SIGNATURE					: Registere	d Agent signature	e required w	hen reinstating)		DATE	_{-1	* ,
Filing Fee is \$61.25 9. Election C Due by May 1, 2004 Trust Fund								5.00 May Board		Make check orida Depart		
10.		OFFICERS AND DI	RECTORS		11.		ΑI	DITIONS/CHA	NGES TO OFFIC	ERS AND DIF	ECTORS IN	10
TITLE	D			Delete	TITLE		PNK-5				☐ Change	Addition
NAME	COTTER	JEFFERY J		- Delete	NAMI	- I		GROVER			☐ Change	Addition
STREET ADDRESS		HAHA CIRCLE				ET ADDDECC	2000	Windso	ng CT #8	702		
	l				4	ET ADDRESS	3081	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7			
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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 MINTED NAME OF SIGNING OFFICER OR DIRECTOR