

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 17, 2004 8:00 am**  
**Secretary of State**

05-17-2004 90006 037 \*\*\*\*61.25

**DOCUMENT # N00000002261**

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



Principal Place of Business  
**C/O SOUTHWEST PROPERTY MGNT.  
1044 CASTELLO DR. #206  
NAPLES, FL 34103**

Mailing Address  
**C/O SOUTHWEST PROPERTY MGNT.  
1044 CASTELLO DR. #206  
NAPLES, FL 34103**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03192004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-3716382**

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

**KETCHUM, SCOTT M  
SOUTHWEST PROPERTY MGNT. CORP  
1044 CASTELLO DR. #206  
NAPLES, FL 34103**

## 7. Name and Address of New Registered Agent

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

TITLE PD ☐ Delete  
NAME DIAZ, CAROLE  
STREET ADDRESS 3048 HORIZON LN., #1107  
CITY-ST-ZIP NAPLES, FL 34110

TITLE STD ☒ Delete  
NAME BROWN, THURMAN  
STREET ADDRESS 3048 HORIZON LN. #1106  
CITY-ST-ZIP NAPLES, FL 34110

TITLE VD ☒ Delete  
NAME CAUDILL, DONALD  
STREET ADDRESS 3051 HORIZON LN. #1806  
CITY-ST-ZIP NAPLES, FL 34110

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Change ☐ Addition  
NAME JONA WERT  
STREET ADDRESS 3048 HORIZON LN # 1101  
CITY-ST-ZIP NAPLES, FL 34110

TITLE T ☐ Change ☐ Addition  
NAME IRA WEINBERG  
STREET ADDRESS 3051 HORIZON LN #1801  
CITY-ST-ZIP NAPLES, FL 34110

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 #

*Carole Diaz*

4/29/04

239  
594-8804