

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

**FILED**  
**May 09, 2003 8:00 am**  
**Secretary of State**

4/21

04-21-2003 90507 028 \*\*\*\*61.25

**DOCUMENT # N00000002261**

1. Entity Name

**TURTLE BAY III 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

**55039310**

2. Principal Place of Business

40 Southwest Property Mgmt.

Suite, Apt. #, etc.

1044 Castello Dr. #206

City & State

Naples, FL

Zip 34103

Country USA

3. Mailing Address

40 Southwest Property Mgmt.

Suite, Apt. #, etc.

1044 Castello Dr. #206

City & State

Naples, FL

Zip 34103

Country USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3716382

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

Name Southwest Property Management Corp.

Street Address (P.O. Box Number is Not Acceptable)

1044 Castello Dr. #206

City Naples, FL

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	DELETE
NAME	COTTER, JEFFREY J	
STREET ADDRESS	90 MINNEHAHA CIRCLE	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	D	DELETE
NAME	WOOD, G. STUART	
STREET ADDRESS	25089 PINEWATER COVE LANE	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	D	DELETE
NAME	WENDT, PETER W	
STREET ADDRESS	14588 JONATHAN HARBOUR DRIVE	
CITY-ST-ZIP	FORT MYERS FL 33908	
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	D	CHANGE	ADDITION
NAME	Diaz, Carole		
STREET ADDRESS	3048 Horizon Ln. #1107		
CITY-ST-ZIP	Naples, FL 34110		
TITLE	D	CHANGE	ADDITION
NAME	ST Brown, Thurman		
STREET ADDRESS	3048 Horizon Ln. #1106		
CITY-ST-ZIP	Naples, FL 34110		
TITLE	D	CHANGE	ADDITION
NAME	Caudill, Donald		
STREET ADDRESS	3051 Horizon Ln. #1806		
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:

*Carole Diaz* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-03

Date

Daytime Phone #

CR2E037 (10/02)