


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 11, 2005 8:00 am**  
**Secretary of State**

05-11-2005 90124 048 \*\*\*\*61.25

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DOCUMENT # N02000003211							
1. Entity Name COCONUT BAY I AT BRIDGEWATER BAY CONDOMINIUM ASSOCIATION, INC.							
Principal Place of Business 2055 TRADE CENTER WAY NAPLES, FL 34109		Mailing Address C/O SOUTHWEST PROPERTY MGMT. 1044 CASTELLO DRIVE #206 NAPLES, FL 34103					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 51-0458477	Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
COLEMAN, KEVIN G 4001 TAMiami TRAIL NORTH SUITE 300 NAPLES, FL 34103			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>							
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees			
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	COTTER, JEFFREY J	NAME	BRAD MARSHALL				
STREET ADDRESS	90 MINNEHAHA CIRCLE	STREET ADDRESS	3054 DRIFTWOOD #4504				
CITY-ST-ZIP	MAITLAND, FL 32751	CITY-ST-ZIP	NAPLES, FL 34109				
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	WOOD, GARY STUART	NAME	DAN O'NEIL				
STREET ADDRESS	25099 PINEWATER COVE	STREET ADDRESS	3054 DRIFTWOOD #4501				
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	CITY-ST-ZIP	NAPLES, FL 34109				
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	DIANE CONNELL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	WENDT, PETER	NAME	3058 DRIFTWOOD #4407				
STREET ADDRESS	14588 JONATHAN HARBOR DRIVE	STREET ADDRESS	NAPLES, FL 34109				
CITY-ST-ZIP	FORT MYERS, FL 33908	CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		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: <u>Kevin G. Coleman</u>		Date: <u>4/13/05</u>		Daytime Phone #: <u>239 261-3440</u>			