

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90407 026 ****61.25

DOCUMENT # N02000003216

1. Entity Name
TREASURE BAY I 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Mailing Address:
C/O Southwest Property Mgmt.
1044 Castello Drive #206
Naples, FL 34103 USA

City & State

Zip

Country

03192004 Chg-NP CR2E037 (10/03)

4. FEI Number
51-0458482

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLEMAN, KEVIN G
4001 TAMiami TRAIL NORTH
SUITE 300
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 D ☐ Delete
NAME CARTER, JEFFREY J
STREET ADDRESS 90 MINNEHAHA CIRCLE
CITY-ST-ZIP MAITLAND, FL 32751

TITLE D ☐ Delete
NAME WOOD, GARY S
STREET ADDRESS 25099 PINEWATER COVE
CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE D ☐ Delete
NAME WRIGHT, PETER
STREET ADDRESS 14588 JONATHAN HARBOR 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 ☐ 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

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 #

4-9-04 239-261-3440