## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000003216

FILED Apr 25, 2006 Secretary of State

Entity Name: TREASURE BAY LAT BRIDGEWATER BAY CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 3017 DRIFTWOOD WAY 6700 LONE OAK BLVD NAPLES, FL 34109 NAPLES, FL 34109 **Current Mailing Address: New Mailing Address:** 6700 LONE OAK BLVD P.O. BOX 110224 NAPLES, FL 34108 NAPLES, FL 34109 FEI Number: 51-0458482 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: EMANUELSON, LINDA S GUARDIAN PROPERTY MANAGEMENT 3017 DRIFTWOOD WAY 6700 LONE OAK BLVD NAPLES, FL 34109 NAPLES, FL 34109 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. SIGNATURE: BYRON ROSS 04/25/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition EMANUELSON, LINDA S CLOKEY, SUE Name: Name: 3017 DRIFTWOOD WAY #3005 Address: 3013 DRIFTWOOD WAY #2907 Address: City-St-Zip: NAPLES, FL 34109 City-St-Zip: NAPLES, FL 34109 Title: () Delete Title: (X) Change ( ) Addition CLOKEY, SUSAN Name: KRIGBAUM, TOM Name: Address: 3013 DRIFTWOOD WAY #2907 Address: 3017 DRIFTWOOD WAY #3004 City-St-Zip: NAPLES, FL 34109 City-St-Zip: NAPLES, FL 34109 Title: () Delete Title: (X) Change ( ) Addition LIPMAN, STEPHEN Name: LIPMAN, STEPHEN Name: 3013 DRIFTWOOD WAY #2905 3013 DRIFTWOOD WAY #2905 Address: Address: City-St-Zip: NAPLES, FL 34109 City-St-Zip: NAPLES, FL 34109 Title: () Delete Title: ( ) Change (X) Addition Name: Name: CSUKA-WALKER, RAHEL 3013 DRIFTWOOD WAY #2908 Address: Address: City-St-Zip: City-St-Zip: NAPLES, FL 34109 Title: () Delete Title: ( ) Change (X) Addition PIERCE, MARILYN Name: Name: 3017 DRIFTWOOD WAY #3003 Address: Address: NAPLES, FL 34109 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BYRON ROSS MGR 04/25/2006