## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000003218

Apr 25, 2006 Secretary of State

Entity Name: TREASURE BAY II AT BRIDGEWATER BAY CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

2055 TRADE CENTER WAY 6700 LONE OAK BLVD NAPLES, FL 34109 NAPLES, FL 34109

**Current Mailing Address: New Mailing Address:** 

C/O SOUTHWEST PROPERTY MGMT. 6700 LONE OAK BLVD 1044 CASTELLO DRIVE, #206 NAPLES, FL 34109

NAPLES, FL 34103

FEI Number: 51-0458473 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:

COLEMAN, KEVIN G GUARDIAN PROPERTY MANAGEMENT 4001 TAMIÁMI TRAIL NORTH 6700 LONE OAK BLVD SUITE 300 NAPLES, FL 34109 NAPLES, FL 34103 US

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:

(X) Change ( ) Addition () Delete COTTER, JEFFREY J SELBERT, HENRY Name: Name:

90 MINNEHAHA CIR Address: 3029 DRIFTWOOD WAY, 3303 Address: City-St-Zip: MAITLAND, FL 32751 City-St-Zip: NAPLES, FL 34109

Title: () Delete Title: (X) Change ( ) Addition

STUART-WOOD, GARY Name: BOWEN, ROSANNE Name: Address: 25099 PINEWATER COVE Address: 3025 DRIFTWOOD WAY #3203

City-St-Zip: BONITA SPRINGS, FL 34134 City-St-Zip: NAPLES, FL 34109

Title: () Delete Title: (X) Change ( ) Addition WENDT, PETER ERICKSON, SCOTT Name: Name:

14588 JONATHAN HARBOR DR 3041 DRIFTWOOD WAY #3604 Address: Address: FORT MYERS, FL 33908 City-St-Zip: NAPLES, FL 34109

City-St-Zip:

Title: () Delete Title: ( ) Change (X) Addition Name: Name: SWEENY, DAN

Address: Address: 3041 DRIFTWOOD WAY, #3602

City-St-Zip: City-St-Zip: NAPLES, FL 34109

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