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

## DOCUMENT # N02000003218

1. Entity Name

## TREASURE BAY II AT BRIDGEWATER BAY CONDOMINIUM A SSOCIATION, INC.



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90483 044 \*\*\*\*61.25

SSUCIATION, IN	<b>U</b> •		•		GO WE TO	100						
		2055 1	Mailing Address 2055 TRADE CENTER WAY NAPLES FL 34109				ı da en	<b>10</b> 121 <b>3 2</b> 111 <b>10</b> 1	<b>65</b> (()( <b>6</b> (( <b>55</b> ) ()	<b>P</b> \$1   <b>B</b> 11   18 <b>\$</b> 1		
2. Principal Place of Business 3. I			. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
							G OF ECK TIERE IT WARRING OF LANGES					
City & State	Ci	City & State				4. FEI Number 51-0458473				Applied For Not Applicable		
Zip Country			р	intry		5. Certificate of Status Desired See Required Fee Required						
6. Na	ed Agent				7. Name and Address of New Registered Agent							
					Name		•					1
COLEMAN, KEVIN G 4001 TAMIAMI TRAIL NORTH					Street Address (P.O. Box Number is Not Acceptable)							
SUITE 300												}
NAPLES FL 34103			City							FL Zip Code		
the obligations of re- SIGNATURE	gistered agent.	agent and title if ap	plicable. (NOTE	E: Registere	d Agent signature	required	d 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  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
10. TITLE	"OFFICERS ANI	3 DIRECTORS	□ Delete	11.		Ď		TO OFFICER	S AND DIE	Change	Addition	1
NAME STREET ADDRESS CITY-ST-ZIP			CT Delete	NAMI STRE		Je 90	effrey J Cotter 0 Minnehaha Circk faitland, FL 32751	e	• 1	C Change	<u>⊡</u> Addition	01017 (1010
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete			25	) ary Stuart Wood 5099 Pinewater Co onita Springs, FL 3		: :	☐ Change	Addition	- 200
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete			Pe 14	eter Wendt 1588 Jonathan Harl ort Myers, FL 3390	oor Drive	i	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete				,			☐ Change	Addition	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							Change	☐ Addition	7
TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAME STREE	1					Change	Addition	

12. I hereby certify that the information supplied with this filing does not availify 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 empoyered.

SIGNATURE

GNAZIOZ REZILIRESZEC C.H.

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