## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000005257

FILED Apr 26, 2005 Secretary of State

Entity Name: BERMUDA PALMS OF NAPLES CONDOMINIUM ASSOCIATION, INC.

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

2190 J&C BLVD 6312 TRAIL BLVD.
NAPLES, FL 34109 NAPLES, FL 34108

Current Mailing Address: New Mailing Address:

 2190 J&C BLVD
 6312 TRAIL BLVD.

 NAPLES, FL 34109
 NAPLES, FL 34108

FEI Number: 20-1248599 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:

HEUERMAN, PAUL K ESQ
ROETZEL & ANDRESS, L.P.A.
850 PARK SHORE DR 3RD FLOOR
NAPLES, FL 34103 US
LIVELY, DENNIS F
6312 TRAIL BLVD.
NAPLES, FL 34108 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: DENNIS F. LIVELY 04/26/2005

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 MULLERSMÂN, STEVEN J
 Name:
 WATSON, RON

 Address:
 2190 J&C BLVD
 Address:
 10196 BOCA CIRCLE

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

Title: SD ( ) Delete Title: D (X) Change ( ) Addition Name: DIAZ, MARIA T Name: MULQUEEN, JOANNE

Address: 2190 J&C BLVD Address: 4910 N. COUGAR COURT #103

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

Title: TD () Delete Title: D (X) Change () Addition Name: MARTENY, NELSON K Name: MARTINEZ, ELIZABETH

Name: MARTIENY, NELSON K Name: MARTINEZ, ELIZABETH
Address: 2190 J&C BLVD Address: 4975 SANDRA BAY DR. #101

City-St-Zip: NAPLES, FL 34109 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 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 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: RON WATSON P 04/26/2005