2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006
Secretary of State

DOCUMENT# N04000005257

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

Current Principal Place of Business:

6312 TRAIL BLVD.
NAPLES, FL 34108

New Principal Place of Business:

Current Mailing Address:

6312 TRAIL BLVD.
NAPLES, FL 34108

New Mailing Address:

P.O. BOX 770278
NAPLES, FL 34107

FEI Number: 20-1248599 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LIVELY, DENNIS F
6312 TRAIL BLVD.
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WATSON, RON
Address: 10196 BOCA CIRCLE
City-St-Zip: NAPLES, FL 34109

Title: D ( ) Delete
Name: MULQUEEN, JOANNE
Address: 4910 N. COUGAR COURT #103
City-St-Zip: NAPLES, FL 34109

Title: D ( ) Delete
Name: MARTINEZ, ELIZABETH
Address: 4975 SANDRA BAY DR. #101
City-St-Zip: NAPLES, FL 34109

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: LARRS, LINDA
Address: 4945 S. COUGAR COURT #101
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: RON WATSON P 04/12/2006

Electronic Signature of Signing Officer or Director — Date