2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# N04000005257

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

Current Principal Place of Business:

6736 LONE OAK BLVD
NAPLES, FL 341096834

New Principal Place of Business:

C/O ABILITY MANAGEMENT, INC
6736 LONE OAK BLVD
NAPLES, FL 341096834 US

Current Mailing Address:

6736 LONE OAK BLVD
NAPLES, FL 341096834

New Mailing Address:

C/O ABILITY MANAGEMENT, INC
6736 LONE OAK BLVD
NAPLES, FL 341096834 US

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
6736 LONE OAK BLVD
NAPLES, FL 341096834 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: TD ( ) Delete
Name: HEIFNER, KEITH
Address: 4985 SANDRA BAY DRIVE #101
City-St-Zip: NAPLES, FL 34109

Title: VD ( ) Delete
Name: EHNANN, KLAUS
Address: 4940 S. COUGAR CT #201
City-St-Zip: NAPLES, FL 34109

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:

I hereby certify that the information supplied with this filing does not qualify 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: DENNIS F. LIVELY MGR 03/31/2009
Electronic Signature of Signing Officer or Director — Date