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Feb 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N20429** (9)

1. Corporation Name

**BERMUDA BAY COMMUNITY HOMEOWNER'S ASSOCIATION, I
NC.**

Principal Place of Business

Mailing Address

**3485 W. VINE STREET
KISSIMMEE FL 34741**

**3485 W. VINE STREET
KISSIMMEE FL 34741**

3. Date Incorporated or Qualified

05/01/1987

4. FEI Number

59-2876407

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ARENA MANAGEMENT GROUP, INC.
3485 W VINE ST.
KISSIMMEE FL 34741**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Walter Arena, Agent

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **ABRAHAM, JAMES**
STREET ADDRESS **842 LONG BAY CT**
CITY-ST-ZIP **KISSIMMEE FL**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **ABRAHAM, James**
1.3 STREET ADDRESS **842 Long Bay Ct.**
1.4 CITY-ST-ZIP **Kissimmee, FL 34741**

TITLE **VD** ☐ DELETE
NAME **NEIL, DON**
STREET ADDRESS **2680 HORSESHOE BAY DR**
CITY-ST-ZIP **KISSIMMEE FL**

2.1 TITLE **VD** ☒ Change ☐ Addition
2.2 NAME **NEILL, Don**
2.3 STREET ADDRESS **2680 Horseshoe Bay Dr.**
2.4 CITY-ST-ZIP **Kissimmee, FL 34741**

TITLE **STD** ☐ DELETE
NAME **MARTINS, MARIA**
STREET ADDRESS **838 LONG BAY COURT**
CITY-ST-ZIP **KISSIMMEE FL 34741**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Maria C. Martins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP25037 (10/97)