

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

0081837

DOCUMENT # N20429

1. Entity Name

BERMUDA BAY COMMUNITY HOMEOWNER'S ASSOCIATION, I

01-29-2001 90168 049 ****61.25

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2876407

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required 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
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
ABRAHAM, JAMES E
829 LONG BAY COURT
KISSIMMEE FL 34741** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
NEILL, DON
2680 HORSESHOE BAY DRIVE
KISSIMMEE FL 34741** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
NEILL, DON
2680 HORSESHOE BAY DR
KISSIMMEE FL 34741** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
SHIPTON, JAMES
850 LONG BAY CT
KISSIMMEE FL 34741** ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 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 empowered.

SIGNATURE:

Maria Martins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-01 407 847-9950

Date

Daytime Phone #

CR2E037 (10/00)