2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 8:00 am
Secretary of State
02-27-2004 90039 034 ****61.25

DOCUMENT # N20429

1. Entity Name
BERMUDA BAY COMMUNITY HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
101 PARK PLACE BLVD STE 2 KISSIMMEE, FL 34741	101 PARK PLACE BLVD STE 2 KISSIMMEE, FL 34741

01062004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
101 Park Place Blvd.	101 Park Place Blvd.
Suite, Apt. #, etc.: Suite 2	Suite, Apt. #, etc.: Suite 2
City & State: Kissimmee, FL	City & State: Kissimmee, FL
Zip: 34741 Country: USA	Zip: 34741 Country: USA

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

ARENA, WALTER
101 PARK PLACE BLVD
STE 2
KISSIMMEE, FL 34741

7. Name and Address of New Registered Agent

Name: ASSOCIATION MANAGEMENT GROUP OF CENTRAL FL, INC.
Street Address (P.O. Box Number is Not Acceptable): 101 PARK PLACE BLVD.
SUITE 2
City: KISSIMMEE **FL** Zip Code: 34741

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD NEILL, DON 2680 HORSESHOE BAY DRIVE KISSIMMEE, FL 34741	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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	VD SHIPTON, JAMES 850 LONG BAY CT KISSIMMEE, FL 34741	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 A. Martes 2-19-04 407 847-9950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #