

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000002310 (9)  
1. Corporation Name  
BERMUDA GARDENS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 2190 J & C BOULEVARD NAPLES FL 33942  
Mailing Address: 2190 J & C BOULEVARD NAPLES FL 33942

3. Date incorporated or Qualified: 05/12/1995  
4. FEI Number: 65 0645064  
Applied For: NOT APPLICABLE  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association? Condominium  Yes  No  
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business  
21 6732 Lone Oak Blvd  
22 Suite, Apt. #, etc.  
23 Naples FL  
24 34109  
25 Collier  
26 6732 Lone Oak Blvd  
27 Suite, Apt. #, etc.  
28 Naples FL  
29 34109  
30 Collier

9. Name and Address of Current Registered Agent  
MULLERSMAN, STEVEN A  
2190 J & C BLVD  
NAPLES FL 33942

10. Name and Address of New Registered Agent  
81 Name: Roger Kramer + Associates  
82 Street Address (P.O. Box Number is Not Acceptable): 6732 Lone Oak Blvd  
83  
84 City: Naples FL  
85 Zip Code: 34109

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: *[Signature]* DATE: 1/8/98

12. OFFICERS AND DIRECTORS

|                |                        |  |
|----------------|------------------------|--|
| TITLE          | PD                     | <input checked="" type="checkbox"/> DELETE |
| NAME           | MULLERSMAN, STEVEN J   |  |
| STREET ADDRESS | 2190 J & C BOULEVARD   |  |
| CITY-ST-ZIP    | NAPLES FL 33942        |  |
| TITLE          | TD                     | <input checked="" type="checkbox"/> DELETE |
| NAME           | OLIVER, KATHRYN T      |  |
| STREET ADDRESS | 2190 J & C BOULEVARD   |  |
| CITY-ST-ZIP    | NAPLES FL 33942        |  |
| TITLE          | SD                     | <input checked="" type="checkbox"/> DELETE |
| NAME           | MASON-BRIGHI, MONICA L |  |
| STREET ADDRESS | 2190 J & C BOULEVARD   |  |
| CITY-ST-ZIP    | NAPLES FL 33942        |  |
| TITLE          |                        | <input type="checkbox"/> DELETE            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |
| TITLE          |                        | <input type="checkbox"/> DELETE            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | PD Jacobs, Jimmy Lou  |
| 1.3 STREET ADDRESS | 28881 Regis Court   |
| 1.4 CITY-ST-ZIP    | Bonita Springs, FL 34134  |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | Evans, Carl   |
| 2.3 STREET ADDRESS | 28760 Bermuda Bay Way #205  |
| 2.4 CITY-ST-ZIP    | Bonita Springs FL 34134   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           | Schoettes, Robert   |
| 3.3 STREET ADDRESS | 28760 Bermuda Bay Way #202  |
| 3.4 CITY-ST-ZIP    | Bonita Springs FL 34134   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> 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 as an attachment with an address.

SIGNATURE: *[Signature]* DATE: 1-8-98 DAYTIME PHONE: 941-592-1577

CR2E037 (10/97)