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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N95000002310

1. Corporation Name
BERMUDA GARDENS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business: 6732 LONE OAK BLVD, NAPLES FL 34109, US
 Mailing Address: 6732 LONE OAK BLVD, NAPLES FL 34109, US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/12/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0645064	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing <input type="checkbox"/>	
24		29		\$5.00 May Be Added to Fees	
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
MULLERSMAN, STEVEN A 6732 LONE OAK BLVD NAPLES FL 34109				81	Name			Robert B Couch
				82	Street Address (P.O. Box Number is Not Acceptable)			Kramer-Triad Management Group
				83	City			6732 Lone Oak Blv
				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: *Robert B Couch* (NOTE: Registered Agent signature required when reinstating) DATE: 1-4-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P-D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS, JIMMY LOU	1.2 NAME	Terenzi, Shirley
STREET ADDRESS	288881 REGIS CT	1.3 STREET ADDRESS	28760 Bermuda Bay Way #101
CITY-ST-ZIP	BONITA SPRINGS FL 34134	1.4 CITY-ST-ZIP	Bonita Springs, FL 34134
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	T D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EVANS, CARL	2.2 NAME	Same
STREET ADDRESS	28760 BERMUDA BAY WAY, #205	2.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHOTES, ROBERT	3.2 NAME	Hayward, Katherine
STREET ADDRESS	28760 BERMUDA BAY WAY, #202	3.3 STREET ADDRESS	28750 Bermuda Bay Way #104
CITY-ST-ZIP	BONITA SPRINGS FL 34134	3.4 CITY-ST-ZIP	Bonita Springs, FL 34134
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Signet, Robert
STREET ADDRESS		4.3 STREET ADDRESS	28720 Bermuda Bay Way # 204
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Bonita Springs, FL 34134
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	P <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Adams, Dick
STREET ADDRESS		5.3 STREET ADDRESS	28710 Bermuda Bay Way #204
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Bonita Springs, FL 34134
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Shirley Terenzi* SIGNATURE REQUIRED DATE: 01/28/99 DAYTIME PHONE #: 592-1577

CR2E037 (11/98)