

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 28, 2001 08:00 AM
Secretary of State

DOCUMENT # N95000002310

1. Entity Name
 BERMUDA GARDENS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 6732 LONE OAK BLVD NAPLES 34109 FL US	Mailing Address 6732 LONE OAK BLVD NAPLES 34109 FL US
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2. Principal Place of Business 265 AIRPORT ROAD	3. Mailing Address 265 AIRPORT ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State NAPLES FL	City & State NAPLES FL
Zip 34104	Country

4. FEI Number 65-0645064	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

COUCH ROBERT B
 KRAMER - TRAIL MANAGEMENT GROUP
 6732 LONE OAK BLVD.
 NAPLES FL 34109

7. Name and Address of New Registered Agent

Name
 CARROLL GLENN
 Street Address (P.O. Box Number is Not Acceptable)
 265 AIRPORT ROAD
 City
 NAPLES FL Zip Code
 34104

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 GLENN CARROLL DATE 04/28/2001
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ADAMS DICK 28710 BERMUDA BAY WAY #204 BONITA SPRINGS FL 34134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIGNET ROBERT 28750 BERMUDA BAY WAY #204 BONITA SPRINGS FL 34134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAYWARD KATHERINE 28750 BERMUDA BAY WAY #104 BONITA SPRINGS FL 34134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EVANS CARL 28760 BERMUDA BAY WAY, #205 BONITA SPRINGS FL 34134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TERENZI SHIRLEY 28760 BERMUDA BAY WAY #101 BONITA SPRINGS FL 34134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSELI ROBERT 28720 BERMUDA BAY WAY BONITA SPRINGS FL 34134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEERHOLD GLADYS 28710 BERMUDA BAY WAY BONITA SPRINGS FL 34134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHOLTES ROBERT 28760 BERMUDA BAY WAY BONITA SPRINGS FL 34134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PATTY SAMUEL 28740 BERMUDA BAY WAY BONITA SPRINGS FL 34134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIGNET BOB 28720 BERMUDA BAY WAY BONITA SPRINGS FL 34134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: BOB SIGNET PD DATE 04/28/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)