


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90098 041 ****61.25

DOCUMENT # N95000002310
1. Entity Name*
BERMUDA GARDENS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
C/O GULF VIEW PROPERTY 2335 9TH ST. N. STE 505
STE. 505 NAPLES FL 34103
NAPLES FL 34104

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 Applied For
65-0645064 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent
GULF VIEW PROPERTY MGMT. INC.
2335 9TH ST. N. STE 505
NAPLES FL 34103

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

TITLE	TD	<input type="checkbox"/> Delete
NAME	PATTE, SAMUEL	
STREET ADDRESS	17 MAYBERNY DR E	
CITY-ST-ZIP	BUFFALO NY 14227	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SIGNET, ROBERT	
STREET ADDRESS	6196 TIFFIN CT.	
CITY-ST-ZIP	MENTOR OH 44060	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHOLTES, ROBERT	
STREET ADDRESS	28760 BECMWAT BAY WAY	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ROSELLI, ROBERT	
STREET ADDRESS	28720 BERMUDA BAY WAY #205	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	TEREYAZ, SHIRLEY	
STREET ADDRESS	59 ROBIUJEST DR	
CITY-ST-ZIP	WATERBURY CT 06708	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patti, Samuel	
STREET ADDRESS	17 Mayberry Dr. E.	
CITY-ST-ZIP	Buffalo, NY 14227	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bartley, Pamela	
STREET ADDRESS	28700 Bermuda Bay Way # 202	
CITY-ST-ZIP	Bonita Springs, Fl. 34134	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brown, Jr. Harry	
STREET ADDRESS	28710 Bermuda Bay Way #203	
CITY-ST-ZIP	Bonita Springs, Fl. 34134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	28760 Bermuda Bay Way #101	
CITY-ST-ZIP	Bonita Springs, Fl. 34134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Robert M. Roselli*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *4-11-05* Daytime Phone #: *239-403-7991*