

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 AUG 15 AM 10:42

DOCUMENT # **098000000478**
 1. Corporation Name
Bermuda Bay One Condo Assoc Inc ^{ominium} ^{iation}

Principal Place of Business Mailing Address
Bermuda Bay One *Bermuda Bay One*
c/o R & P Property *c/o R & P Property*
265 Airport Road *265 Airport Road*
Naples FL 34104 *Naples FL 34104*

21	26	3
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
City & State	City & State	<i>59-3581319</i>
Zip	Zip	Applied For
Country	Country	Not Applicable
25	29	30
Country	Country	Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<i>Glenn Carroll</i>	81 Name
<i>R & P Property Mgt</i>	82 Street Address (P.O. Box Number is Not Acceptable)
<i>265 Airport Road</i>	83
<i>Naples FL 34104</i>	84 City
	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 *Glenn Carroll* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Stan Steve Mullersman</i>	1.2 NAME	<i>3000003368233-4</i>
STREET ADDRESS	<i>265 Airport Road</i>	1.3 STREET ADDRESS	<i>-08/23/00--01016--025</i>
CITY-ST-ZIP	<i>Naples FL 34104</i>	1.4 CITY-ST-ZIP	<i>*****61.25 *****61.25</i>
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Cathy Oliver</i>	2.2 NAME	
STREET ADDRESS	<i>265 Airport Road</i>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<i>Naples FL 34104</i>	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Monica Robert Knapp</i>	3.2 NAME	
STREET ADDRESS	<i>265 Airport Road</i>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<i>Naples FL 34104</i>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Steve Mullersman* Date Daytime Phone #

CR2E037 (11/98)