

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2001 08:00 AM
Secretary of State

DOCUMENT # N98000000478

1. Entity Name
 BERMUDA BAY I CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business C/O R & P PROPERTY 265 AIRPORT ROAD NAPLES 34104	FL	Mailing Address C/O R & P PROPERTY 265 AIRPORT ROAD NAPLES 34104	FL
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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
59-3581319

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CARROLL GLENN
 C/O R & P PROPERTY
 265 AIRPORT ROAD
 NAPLES FL
 34104

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.

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	D KNAPP ROBERT
STREET ADDRESS	265 AIRPORT ROAD
CITY-ST-ZIP	NAPLES FL 34104
TITLE	<input type="checkbox"/> Delete
NAME	STD OLIVER CATHY
STREET ADDRESS	265 AIRPORT ROAD
CITY-ST-ZIP	NAPLES FL 34104
TITLE	<input type="checkbox"/> Delete
NAME	PD MULLERSMAN STEVEN J
STREET ADDRESS	265 AIRPORT ROAD
CITY-ST-ZIP	NAPLES FL 34104
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ROBINSON PATRICK		
STREET ADDRESS	15425 CEDARWOOD LANE		
CITY-ST-ZIP	BONITA SPRINGS FL 34134		
TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KNAPP ROBERT		
STREET ADDRESS	15425 CEDARWOOD LANE		
CITY-ST-ZIP	BONITA SPRINGS FL 34134		
TITLE	STD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MANFREDI RICHARD		
STREET ADDRESS	269 BAREFOOT BEACH BLVD		
CITY-ST-ZIP	BONITA SPRINGS FL 34134		
TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STEARNS ROBERT		
STREET ADDRESS	15415 CEDARWOOD LANE		
CITY-ST-ZIP	BONITA SPRINGS FL 34134		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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)(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: ROBERT STEARNS PD 04/28/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (11/00)