

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 21, 2002 8:00 am
Secretary of State

0014523

DOCUMENT # N98000000478

1. Entity Name

BERMUDA BAY I CONDOMINIUM ASSOCIATION, INC.

07-21-2002 90013 004 ****61.25

Principal Place of Business

Mailing Address

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

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



2. Principal Place of Business

3. Mailing Address

9/6 WBG SW FLORIDA, INC

9/6 WBG SW FLORIDA, INC

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.
22800 Old 41 Road

Suite, Apt. #, etc.
22800 Old 41 Road

City & State
BONITA SPRING FL

City & State
BONITA SPRING FL

4. FEI Number **59-3581319**

Applied For
 Not Applicable

Zip
34135

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **ROBERT BACHMAN**

Street Address (P.O. Box Number is Not Acceptable)

9/6 WBG SW FLORIDA, INC

22800 Old 41 Road

City **BONITA SPRING**

FL

Zip Code

34135

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Bob Bachman

7-8-02

After September 13, 2002,
 min: will be \$236.25.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEARNS, ROBERT 15415 CEDARWOOD LANE BONITA SPRING FL 34134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STP MANFREDI, RICHARD 269 BAREFOOT BEACH BLVD BONITA SPRING FL 34134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNAPP, ROBERT 15425 CEDARWOOD LANE BONITA SPRING FL 34134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, PATRICK 15425 CEDARWOOD LANE BONITA SPRING FL 34134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAPLES, FL 34110 VIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAPLES, FL 34110	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAPLES, FL 34110 TRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC JERRY PRICE 15425 CEDARWOOD LANE #306 NAPLES, FL 34110	<input type="checkbox"/> Change <input checked="" 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)(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:

Signature Required

7-8-02

CR2E037 (4/02)