


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90032 003 ****61.25

DOCUMENT # N98000000478			
1. Entity Name BERMUDA BAY I CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 27800 OLD 41 RD BONITA SPRINGS, FL 34135		Mailing Address 27800 OLD 41 RD BONITA SPRINGS, FL 34135	
2. Principal Place of Business - No P.O. Box # <i>90 STERLING PROPERTY SVC.</i> Suite, Apt. #, etc. <i>SUITE #4</i> <i>27180 BAY LANDING DR.</i>		3. Mailing Address <i>90 STERLING PROPERTY SVC.</i> Suite, Apt. #, etc. <i>SUITE #4</i> <i>27180 BAY LANDING DRIVE</i>	
City & State <i>BONITA SPRING</i>		City & State <i>BONITA SPRING</i>	
Zip <i>34135</i>	Country	Zip <i>34135</i>	Country
6. Name and Address of Current Registered Agent O'GORMAN N, JOHN 27800 OLD 41 RD BONITA SPRINGS, FL 34135		7. Name and Address of New Registered Agent Name <i>O'GORMAN, JOHN</i> Street Address (P.O. Box Number is Not Acceptable) <i>90 STERLING PROPERTY SERVICES</i> <i>27180 BAY LANDING DRIVE, SUITE #4</i> City <i>BONITA SPRING</i> FL Zip Code <i>34135</i>	
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 <i>[Signature]</i> DATE <i>3/16/08</i>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GEIGER, LINDA 15425 CEDARWOOD LANE # 307 NAPLES, FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ZEUSLER, DICK 15425 CEDARWOOD LANE 202 NAPLES, FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOETTI, BILL 15425 CEDARWOOD LANE #206 NAPLES, FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GARDNER, THOMAS 15425 CEDARWOOD LANE 102 NAPLES, FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PRICE, JERRY 15425 CEDARWOOD LANE #306 NAPLES, FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 exemptions contained in Chapter 119, 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: <i>[Signature]</i>		Date <i>3-17-08</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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1242008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3581319 Applied For Not Applicable

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