

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000478

FILED  
Mar 19, 2012  
Secretary of State

**Entity Name:** BERMUDA BAY I CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

27180 BAY LANDING DR  
SUITE 4  
BONITA SPRINGS, FL 34135

**New Principal Place of Business:**

**Current Mailing Address:**

27180 BAY LANDING DR  
SUITE 4  
BONITA SPRINGS, FL 34135

**New Mailing Address:**

**FEI Number:** 59-3581319

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STERLING PROPERTY SERVICES LLC  
27180 BAY LANDING DR  
SUITE 4  
BONITA SPRINGS, FL 34135 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DS  
Name: THALLS, JAMES  
Address: 15425 CEDARWOOD LANE, #203  
City-St-Zip: NAPLES, FL 34110

Title: DP  
Name: WOOD, ROBERT  
Address: 15435 CEDARWOOD LANE, #105  
City-St-Zip: NAPLES, FL 34110

Title: VP  
Name: MCDONAGH, BRIDGET  
Address: 15415 CEDARWOOD LANE, #104  
City-St-Zip: NAPLES, FL 34110

Title: DT  
Name: JORDANEK, RON  
Address: 15415 CEDARWOOD LANE, #305  
City-St-Zip: NAPLES, FL 34110

Title: D  
Name: BIZJAK, PETER  
Address: 15415 CEDARWOOD LANE, # 304  
City-St-Zip: NAPLES, FL 34110

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT WOOD

DP

03/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date