

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000002310 (9)**

1. Corporation Name
BERMUDA GARDENS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **2190 J & C BOULEVARD NAPLES FL 33942**
Mailing Address: **2190 J & C BOULEVARD NAPLES FL 33942**

3. Date Incorporated or Qualified: **05/12/1995**
3a. Date of Last Report: **N/A**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
23. Zip		28. Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24. Country		29. Country		30. Country			

9. Name and Address of Current Registered Agent
**HARMON, HOLLY A
4501 TAMiami TRAIL NORTH
SUITE 202
NAPLES FL 33940**

10. Name and Address of New Registered Agent
81 Name: **Steven J. Mullersman**
82 Street Address (P.O. Box Number is Not Acceptable): **2190 J & C Blvd.**
83
84 City: **Naples** FL 85 **33942**

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: Steven J. Mullersman **STEVEN J. MULLERSMAN PRES.** DATE: **3/26/96**
(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	<input type="checkbox"/> DELETE	1.1 TITLE: PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MULLERSMAN, STEVEN J		1.2 NAME: Mullersman, Steven J	
STREET ADDRESS: 2190 J & C BOULEVARD		1.3 STREET ADDRESS: 2190 J & C Blvd.	
CITY-ST-ZIP: NAPLES FL 33942		1.4 CITY-ST-ZIP: Naples FL 33942	
TITLE: D	<input type="checkbox"/> DELETE	2.1 TITLE: TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: OLIVER, KATHRYN T		2.2 NAME: Oliver, Kathryn T	
STREET ADDRESS: 2190 J & C BOULEVARD		2.3 STREET ADDRESS: 2190 J & C Blvd.	
CITY-ST-ZIP: NAPLES FL 33942		2.4 CITY-ST-ZIP: Naples FL 33942	
TITLE: D	<input type="checkbox"/> DELETE	3.1 TITLE: SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MASON-BRIGHI, MONICA L		3.2 NAME: Mason-Brighi, Monica L	
STREET ADDRESS: 2190 J & C BOULEVARD		3.3 STREET ADDRESS: 2190 J & C Blvd.	
CITY-ST-ZIP: NAPLES FL 33942		3.4 CITY-ST-ZIP: Naples FL 33942	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Steven J. Mullersman **STEVEN J. MULLERSMAN** DATE: **3/26/96** (941) 591-0100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)