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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

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HARMON, HOLLY A
4501 TAMiami TRAIL NORTH
SUITE 202
NAPLES FL 33940**

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.**

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

(NOTE: Registered Agent's Signature required when reinstating)

DATE **3/26/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **MULLERSMAN, STEVEN J**
STREET ADDRESS **2190 J & C BOULEVARD**
CITY-ST-ZIP **NAPLES FL 33942**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **Mullersman, Steven J**
1.3 STREET ADDRESS **2190 J & C Blvd.**
1.4 CITY-ST-ZIP **Naples FL 33942**

TITLE **D** ☐ DELETE
NAME **OLIVER, KATHRYN T**
STREET ADDRESS **2190 J & C BOULEVARD**
CITY-ST-ZIP **NAPLES FL 33942**

2.1 TITLE **TD** ☒ Change ☐ Addition
2.2 NAME **Oliver, Kathryn T**
2.3 STREET ADDRESS **2190 J & C Blvd.**
2.4 CITY-ST-ZIP **Naples FL 33942**

TITLE **D** ☐ DELETE
NAME **MASON-BRIGHI, MONICA L**
STREET ADDRESS **2190 J & C BOULEVARD**
CITY-ST-ZIP **NAPLES FL 33942**

3.1 TITLE **SD** ☒ Change ☐ Addition
3.2 NAME **Mason-Brighi, Monica L**
3.3 STREET ADDRESS **2190 J & C Blvd.**
3.4 CITY-ST-ZIP **Naples FL 33942**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE **600001829556** ☐ Change ☐ Addition
5.2 NAME **-05/20/96--01051--038**
5.3 STREET ADDRESS *****61.25**
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/26/96 (941) 591-0106

Daytime Phone #

CR2E037 (12/95)