## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT **CORPORATION** ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

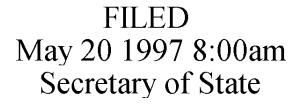
N95000002310 (9)

BERMUDA GARDENS CONDOMINIUM ASSOCIATION, INC.

Principal	Place of Busin	1055

Mailing Address

2100 I S C BOILEVADO





NAPLES FL 33		NAPLES FL 33942							
						3. Date Incorporated or Qualifit 05/12/1995	ed 3a. Da	te of La 05/16	st Report /1996
_	lace of Business	2a, Mailing Address				4. FEI Number NOT APPLICABLE	<u> </u>		Applied For
Sulte, Apt.	# ata	Suite, Apt. #, etc.				NOT APPLICABLE			Not Applicable
22 Suite, Apr.	#, etc.	27				5. Certificate of Status Desired			5 Additional Required
		City & State				6. Election Campaign Financing \$5.00 May E			
23		28				Trust Fund Contribution			ed to Fees
Zip	Country	Zip	Oou	ntry		B. This corporation has liability	for intangible		~~~
24	25	29	30			Florida Statutes	Yes [	No	
	9, Name and Address of Curre	nt Registered Agent		<u> </u>		10. Name and Address of New	Registered	Agent	
				<b>81</b> N	lame	<b>.</b>			
	rsman, steven a			<b>82</b> S	treet Addi	ress (P.O. Box Number is Not Acce	ptable)	<del></del>	
	& C BLVD			83					
NAPLES	5 FL 33942			93					
				<b>84</b> C	City		FL	85 2	ip Code
15 Purcuant t	to the provisions of Sections 617 05	02 and 617 1509. Florida Statu	les the et	10//0 5	amed corr	soration pulpmits this statement for the		obanair	a ita earlistar-
office or re agent. I a	to the provisions of Sections 617.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida, Such change was gations of, Section 617.0503, F	authorized lorida Stati	by thutes.	e corporal	tion's board of directors. I hereby ac	cept the app	ointment	es registered
SIGNATURE									
12.	Signature, typed or printed name of registered ag	pent and title if applicable. (NO NO DIRECTORS	TE: Rogistered	Agent si	gnature requi	red when reinstating) ADDITIONS/CHANGES TO O	DATE.	DIDLG	1000 IN 10
TITLE	PD	DELETE	1.1 III	1F		ADDITIONS/CHANGES TO O	TICENS AND	Chan	
NAME	MULLERSMAN, STEVEN J		1.2 NA						a = 1000000
STREET ADDRESS	2190 J & C BOULEVARD			REET ADD	IRESS				
CITY-ST-ZIP	NAPLES FL 33942			(Y-ST-Z					
TITLE	TD	DELETE	2.1 111		···· -			Chan	ge Addition
NAME	OLIVER, KATHRYN T		2.2 NA	ME		• •			
STREET ADDRESS	2190 J & C BOULEVARD		2.3 ST	REE1 ADD	RESS				
CITY-ST-ZIP	NAPLES FL 33942		2 4 C	TY-ST-Z	¥P				
TITLE	SD	☐ DELETE	3.1 TIT	LE				Chan	ge 🔲 Addition
NAME	MASON-BRIGHI, MONICA L		3.2 NA	ME					
STREET ADDRESS	2190 J & C BOULEVARD		3.3 ST	REET ADD	RESS				
CITY-ST-ZIP	NAPLES FL 33942			TY-ST-2	nP				
TITLE		☐ DELETE	4.1 111			•		☐ Chan	ge Addition
NAME			4 2 N						
STREET ADDRESS				REET ADD					
CITY-ST-ZIP TITLE		DELETE		Y-S1-Z	P		***************************************	Oher	oo Taddist
NAME			5 1 TIT			•		☐ Chan	ge Addition
STREET ADDRESS			52 NA	me Reet add	vocee				
CITY-ST-ZIP									
TITLE		DELETE	6.1 Til	Y-ST-ZI LF	r			Chan	ge . Addition
NAME 14		the percent	6.2 NA					CINIII	- <u>- , 1001(101)</u>
STREET ADDRESS				REET ADD	DRESS				
CITY-ST-ZIP				Y-ST-21					
			■ V:7 U1	1 - O   - L	· I				

I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.