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**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90078 045 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N95000002310

1. Corporation Name  
**BERMUDA GARDENS CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business: 6732 LONE OAK BLVD, NAPLES FL 34109, US  
 Mailing Address: 6732 LONE OAK BLVD, NAPLES FL 34109, US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/12/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0645064	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing <input type="checkbox"/>	
24		29		\$5.00 May Be Added to Fees	
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent							
MULLERSMAN, STEVEN A 6732 LONE OAK BLVD NAPLES FL 34109				81	Name			85	Zip Code		
				Robert B Couch			82	Street Address (P.O. Box Number is Not Acceptable)			
				Kramer-Triad Management Group			83	6732 Lone Oak Blvd			
				84	City	FL	85	Zip Code	34109		

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: *Robert B Couch* (NOTE: Registered Agent signature required when reinstating) DATE: 1-4-99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P-D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JACOBS, JIMMY LOU			1.2 NAME	Terenzi, Shirley		
STREET ADDRESS	288881 REGIS CT			1.3 STREET ADDRESS	28760 Bermuda Bay Way #101		
CITY-ST-ZIP	BONITA SPRINGS FL 34134			1.4 CITY-ST-ZIP	Bonita Springs, FL 34134		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	T D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	EVANS, CARL			2.2 NAME	Same		
STREET ADDRESS	28760 BERMUDA BAY WAY, #205			2.3 STREET ADDRESS			
CITY-ST-ZIP	BONITA SPRINGS FL 34134			2.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	S D	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SCHOTES, ROBERT			3.2 NAME	Hayward, Katherine		
STREET ADDRESS	28760 BERMUDA BAY WAY, #202			3.3 STREET ADDRESS	28750 Bermuda Bay Way #104		
CITY-ST-ZIP	BONITA SPRINGS FL 34134			3.4 CITY-ST-ZIP	Bonita Springs, FL 34134		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				4.2 NAME	Signet, Robert		
STREET ADDRESS				4.3 STREET ADDRESS	28720 Bermuda Bay Way # 204		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	Bonita Springs, FL 34134		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	P	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				5.2 NAME	Adams, Dick		
STREET ADDRESS				5.3 STREET ADDRESS	28710 Bermuda Bay Way #204		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	Bonita Springs, FL 34134		
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 hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: *Shirley Terenzi* SIGNATURE REQUIRED DATE: 01/28/99 DAYTIME PHONE #: 592-1577

CR2E037 (11/98)