

FILE NOW: FILING FEE IS \$61.25

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

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

0064123

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

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

05/12/1995

4. FEI Number

65-0645064

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

MULLERSMAN, STEVEN A
6732 LONE OAK BLVD
NAPLES FL 34109

10. Name and Address of New Registered Agent

81 Name **Robert B Couch**
82 Street Address (P.O. Box Number is Not Acceptable)
Kramer - Triad Management Group
83 **6732 Lone Oak Blvd**
84 City **Naples** **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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	JACOBS, JIMMY LOU	
STREET ADDRESS	288881 REGIS CT	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EVANS, CARL	
STREET ADDRESS	28760 BERMUDA BAY WAY, #205	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCHOTES, ROBERT	
STREET ADDRESS	28760 BERMUDA BAY WAY, #202	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P-D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Terenzi, Shirley	
1.3 STREET ADDRESS	28760 Bermuda Bay Way #101	
1.4 CITY-ST-ZIP	Bonita Springs, FL 34134	
2.1 TITLE	T D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Same	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	S D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Hayward, Katherine	
3.3 STREET ADDRESS	28750 Bermuda Bay Way #104	
3.4 CITY-ST-ZIP	Bonita Springs, FL 34134	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Signet, Robert	
4.3 STREET ADDRESS	28720 Bermuda Bay Way # 204	
4.4 CITY-ST-ZIP	Bonita Springs, FL 34134	
5.1 TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Adams, Dick	
5.3 STREET ADDRESS	28710 Bermuda Bay Way #204	
5.4 CITY-ST-ZIP	Bonita Springs, FL 34134	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)