

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90109 049 ****61.25

DOCUMENT # N95000002310

1. Entity Name

BERMUDA GARDENS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

6732 LONE OAK BLVD
 NAPLES FL 34109
 US

6732 LONE OAK BLVD
 NAPLES FL 34109-6834
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0645064

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COUCH, ROBERT B
KRAMER - TRAIL MANAGEMENT GROUP
6732 LONE OAK BLVD.
NAPLES FL 34109

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
 NAME **TERENZI, SHIRLEY**
 STREET ADDRESS **28760 BERMUDA BAY WAY #101**
 CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **EVANS, CARL**
 STREET ADDRESS **28760 BERMUDA BAY WAY, #205**
 CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **HAYWARD, KATHERINE**
 STREET ADDRESS **28750 BERMUDA BAY WAY #104**
 CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **SIGNET, ROBERT**
 STREET ADDRESS **28750 BERMUDA BAY WAY #204**
 CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** Delete
 NAME **ADAMS, DICK**
 STREET ADDRESS **28710 BERMUDA BAY WAY #204**
 CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert B Couch
 Signature, typed or printed name of signing officer or director

Date

Printing Phone #

CR2E037 (9/99)