


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90659 044 ****61.25

DOCUMENT # N9500002310
1. Entity Name
BERMUDA GARDENS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **C/O R&P PROPERTY MANAGEMENT
265 AIRPORT ROAD SOUTH,
NAPLES FL 34104**

Mailing Address: **C/O R&P PROPERTY MANAGEMENT
265 AIRPORT ROAD SOUTH
NAPLES FL 34104**

54031957



MOORE CR2E037 (11/03)

2. Principal Place of Business: **C/O Gulf View Property
Suite, Apt. #, etc.
Ste. 505**

3. Mailing Address: **2335 9th St. N. Ste 505
Suite, Apt. #, etc.**

City & State: **Naples, Fl**

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4. FEI Number: **65-0645064**

Applied For: Not Applicable

Zip: **34103** Country: **Collier**

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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CARROLL, GLENN
265 AIRPORT SOUTH
NAPLES FL 34104**

7. Name and Address of New Registered Agent
Name: **Gulf View Property Mgmt. INC.**
Street Address (P.O. Box Number is Not Acceptable): **2335 9th St. N. Ste 505**
City: **Naples** FL Zip Code: **34103**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]* DATE: **4/9/04**

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PATTE, SAMUEL 17 MAYBERNY DR E BUFFALO NY 14227	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SIGNET, ROBERT 6196 TIFFIN CT. MENTOR OH 44060	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHOLTES, ROBERT 28760 BECMWAT BAY-WAY BONITA SPRINGS FL 34134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROSELLI, ROBERT 28720 BERMUDA BAY WAY #205 BONITA SPRINGS FL 34134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TEREYAZ, SHIRLEY 59 ROBIQUEST DR WATERBURY CT 06708	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: *[Signature]* **ROBERT M. ROSELLI** DATE: **4-8-04** DAYTIME PHONE #: **239-403-7991**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR