


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90188 011 \*\*\*\*61.25

**DOCUMENT # N95000002310**  
 1. Entity Name  
**BERMUDA GARDENS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**C/O GULF VIEW PROPERTY**      **2335 9TH ST. N. STE 505**  
**STE. 505**      **NAPLES FL 34103**  
**NAPLES FL 34104**



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

1st MOORE      CR2E037 (10/05)

4. FEI Number      Applied For  
**65-0645064**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**GULF VIEW PROPERTY MGMT. INC.**  
**2335 9TH ST. N. STE 505**  
**NAPLES FL 34103**

7. Name and Address of New Registered Agent  
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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	TD	<input type="checkbox"/> Delete
NAME	PATTI, SAMUEL	
STREET ADDRESS	17 MAYBERNY DR E	
CITY-ST-ZIP	BUFFALO NY 14227	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BARTLEY, PAMELA	
STREET ADDRESS	28700 BERMUDA BAY WAY # 202	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, JR, HARRY	
STREET ADDRESS	28710 BERMUDA BAY WAY # 203	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ROSELLI, ROBERT	
STREET ADDRESS	28720 BERMUDA BAY WAY #205	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	TEREYAZ, SHIRLEY	
STREET ADDRESS	28760 BERMUDA BAY WAY # 101	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	St Laurent, David	
STREET ADDRESS	20 Reed St.	
CITY-ST-ZIP	Tiverton, RI 02878	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Charles Andrew Bartley*      3/29/06      239-403-7991