

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N95000002310

FILED
Apr 25, 2003
Secretary of State

Entity Name: BERMUDA GARDENS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

265 AIRPORT ROAD
NAPLES, FL 34104

New Principal Place of Business:

C/O R&P PROPERTY MANAGEMENT
265 AIRPORT ROAD SOUTH
NAPLES, FL 34104

Current Mailing Address:

265 AIRPORT ROAD
NAPLES, FL 34104

New Mailing Address:

C/O R&P PROPERTY MANAGEMENT
265 AIRPORT ROAD SOUTH
NAPLES, FL 34104

FEI Number: 65-0645064

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARROLL, GLENN
265 AIRPORT SOUTH
NAPLES, FL 34104

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PATTE, SAMUEL
Address: 17 MAYBERNY DR E
City-St-Zip: BUFFALO, NY 14227

Title: SD () Delete
Name: SIGNET, ROBERT
Address: 6196 TIFFIN CT.
City-St-Zip: MENTOR, OH 44060

Title: D () Delete
Name: SCHOLTA, ROBERT J
Address: 28760 BECMWAT BAY WAY
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D () Delete
Name: JOELL, JOBERT
Address: 14 IAY CIRCLE
City-St-Zip: WOLUSIA, MA 0184

Title: D () Delete
Name: TEREYAZ, SHIRLEY
Address: 59 ROBIIUEST DR
City-St-Zip: WATERBURY, CT 06708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SCHOLTES, ROBERT
Address: 28760 BECMWAT BAY WAY
City-St-Zip: BONITA SPRINGS, FL 34134

Title: TD (X) Change () Addition
Name: ROSELLI, ROBERT
Address: 28720 BERMUDA BAY WAY #205
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VPD (X) Change () Addition
Name: TEREYAZ, SHIRLEY
Address: 59 ROBIIUEST DR
City-St-Zip: WATERBURY, CT 06708

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL PATTE

PD

04/25/2003

Electronic Signature of Signing Officer or Director

_____ Date