

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000002310

**Entity Name:** BERMUDA GARDENS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

28700-28770 BERMUDA BAY WAY  
BONITA SPRINGS, FL 34134

**Current Mailing Address:**

2335 9TH ST. N. STE 505  
NAPLES, FL 34103

**FEI Number: 65-0645064**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

GULF VIEW PROPERTY MGMT. INC.  
2335 9TH ST. N. STE 505  
NAPLES, FL 34103 US

*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

**Officer/Director Detail :**

Title           DIRECTOR  
Name           PATTI, SAMUEL  
Address        28750 BERMUDA BAY WAY  
City-State-Zip: BONITA SPRINGS FL 34134

Title           VP  
Name           TERENZI, SHIRLEY  
Address        28760 BERMUDA BAY WAY  
                  101  
City-State-Zip: BONITA SPRINGS FL 34134

Title           SECRETARY  
Name           ST LAURENT, DAVID  
Address        28730 BERMUDA BAY WAY  
City-State-Zip: BONITA SPRINGS, FL 34134

Title           TREASURER  
Name           KLUK, SUSAN  
Address        28730 BERMUDA BAY WAY  
City-State-Zip: BONITA SPRINGS FL 34134

Title           PRESIDENT  
Name           VALENTI, VINCE  
Address        28770 BERMUDA BAY WAY  
City-State-Zip: BONITA SPRINGS FL 34134

*I hereby 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 all other like empowered.*

**SIGNATURE: SHIRLEY TERENZI**

**VICE PRESIDENT**

**02/20/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date