

2016 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 :**

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|-----------------|------------------|
| Title | DIRECTOR |
| Name | PATTI, SAMUEL |
| Address | 17 MAYBERNY DR E |
| City-State-Zip: | BUFFALO NY 14227 |

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

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|-----------------|--------------------------|
| Title | PRESIDENT |
| Name | SLOAN, DANIEL |
| Address | 28710 BERMUDA BAY WAY |
| City-State-Zip: | BONITA SPRINGS, FL 34134 |

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

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|-----------------|-------------------|
| Title | TREASURER |
| Name | ST LAURENT, DAVID |
| Address | 20 REED ST |
| City-State-Zip: | TIVERTON RI 02878 |

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: DANIEL SLOAN**PRESIDENT****03/09/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date