


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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95 APR 18 PM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 745232 (9)		
1. Corporation Name BERMUDA CLUB CONDOMINIUM ASSOCIATION, INC.		

Principal Place of Business	Mailing Address
5959 WINKLER RD FT MYERS FL 33919 US	12650 WHITEHALL DR FT MYERS FL 33907 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/12/1978	3a. Date of Last Report 04/06/1994
4. FEI Number 59-1879563	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 12650 Whitehall Drive
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent

BENSON, MARK R.
~~12650 WHITEHALL DR~~
FT MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
12650 Whitehall Drive

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reappointing.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONASERA, JOE	1.2 NAME	DELETE
STREET ADDRESS	5959 WINKLER RD #210	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLSEN, DON	2.2 NAME	Mersl, Joseph
STREET ADDRESS	5959 WINKLER RD. #201	2.3 STREET ADDRESS	5959 Winkler Road, #214
CITY-ST-ZIP	FT. MYERS FL	2.4 CITY-ST-ZIP	Fort Myers, FL
TITLE	SD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEARCK, ANNA	3.2 NAME	V/D
STREET ADDRESS	5059 WINKLER RD. #110	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS, FL 00000	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYANT, MARTHA	4.2 NAME	Shean, Frank
STREET ADDRESS	5959 WINKLER RD #105	4.3 STREET ADDRESS	5959 Winkler Road, #304
CITY-ST-ZIP	FT. MYERS FL	4.4 CITY-ST-ZIP	Fort Myers, FL
TITLE	TD	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUDSON, JOYCE	5.2 NAME	S/T/D
STREET ADDRESS	5959 WINKLER RD. #205	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Frank A Shean Frank Shean 3/17/95 (813) 277-0718
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date Daytime Phone #