

FILE NOW: FILING FEE IS \$61.25

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Mar 16, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 745232

1. Corporation Name
BERMUDA CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 5959 WINKLER RD FT MYERS FL 33919 US	Mailing Address 12650 WHITEHALL DRIVE FT MYERS FL 33907 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/12/1978
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1879563
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BENSON, MARK R. 12650 WHITEHALL DRIVE FT MYERS FL 33907		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOUTZ, ELIZABETH	1.2 NAME	Seme, Antoinette
STREET ADDRESS	5959 WINKLER RD #103	1.3 STREET ADDRESS	5959 Winkler Rd #212
CITY-ST-ZIP	FT. MYERS FL 33919	1.4 CITY-ST-ZIP	Fort Myers, FL 33919
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	J.D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRYANT, MARTHA	2.2 NAME	Katz, Joel
STREET ADDRESS	5959 WINKLER RD, 105	2.3 STREET ADDRESS	5959 Winkler Rd #302
CITY-ST-ZIP	FT MYERS, FL 00000	2.4 CITY-ST-ZIP	Fort Myers, FL 33919
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TORRES, JOSEPH	3.2 NAME	Droege, Harriet
STREET ADDRESS	5959 WINKLER ROAD #117	3.3 STREET ADDRESS	5959 Winkler Rd #320
CITY-ST-ZIP	FORT MYERS FL	3.4 CITY-ST-ZIP	Fort Myers, FL 33919
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OLSEN, DONALD	4.2 NAME	Mersl, Joseph
STREET ADDRESS	5959 WINKLER RD, 201	4.3 STREET ADDRESS	5959 Winkler Rd #214
CITY-ST-ZIP	FORT MYERS FL	4.4 CITY-ST-ZIP	Fort Myers, FL 33919
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: JOSEPH TORRES DATE: MAR 4 1999 DAYTIME PHONE #: 941-481-7591

CR2E037 (11/98)