

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 745232

1. Entity Name

**BERMUDA CLUB CONDOMINIUM ASSOCIATION, INC.**

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90080 029 \*\*\*\*61.25

Principal Place of Business

Mailing Address

5959 WINKLER RD  
 FT MYERS FL 33919  
 US

12650 WHITEHALL DRIVE  
 FT MYERS FL 33907-3619  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1879563

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BENSON, MARK R.**  
 12650 WHITEHALL DRIVE  
 FT MYERS FL 33907

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **S SEME, ANTOINETTE**  
 STREET ADDRESS **5959 WINKLER RD 212**  
 CITY-ST-ZIP **FT. MYERS FL 33919**

TITLE  Change  Addition  
 NAME **Marquardt, Antoinette**  
 STREET ADDRESS **5959 Winkler Rd 212**  
 CITY-ST-ZIP **Fort Myers, FL 33919**

TITLE  Delete  
 NAME **TD KATZ, JOEL**  
 STREET ADDRESS **5959 WINKLER RD 302**  
 CITY-ST-ZIP **FT MEYERS FL 33919**

TITLE  Change  Addition  
 NAME **Cooney, Joseph**  
 STREET ADDRESS **5959 Winkler Rd #216**  
 CITY-ST-ZIP **Fort Myers, FL 33919**

TITLE  Delete  
 NAME **PD TORRES, JOSEPH**  
 STREET ADDRESS **5959 WINKLER ROAD #117**  
 CITY-ST-ZIP **FORT MYERS FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VD MERSL, JOSEPH**  
 STREET ADDRESS **5959 WINKLER RD 214**  
 CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D DROEGE, HARRIET**  
 STREET ADDRESS **5959 WINKLER RD 320**  
 CITY-ST-ZIP **FT MEYERS FL 33919**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH TORRES 2/17/00 941-481-7591  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)