


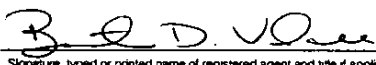
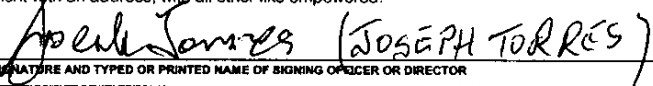
2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90072 046 ****61.25

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DOCUMENT # 745232					
1. Entity 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			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1879563	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		Not Applicable			
6. Name and Address of Current Registered Agent BENSON, MARK R 12650 WHITEHALL DRIVE FT MYERS, FL 33907			7. Name and Address of New Registered Agent Name Bonita D. Vandall Street Address (P.O. Box Number is Not Acceptable) 12650 Whitehall Dr. City Fort Myers FL Zip Code 33907		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 		(NOTE: Registered Agent signature required when reinstating)		DATE 2-28-07	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROBBINS, LINDA	NAME			
STREET ADDRESS	5959 WINKLER RD #204	STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS, FL 33919	CITY-ST-ZIP			
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DURKAN, JAMES P	NAME			
STREET ADDRESS	5959 WINKLER RD 105	STREET ADDRESS			
CITY-ST-ZIP	FT MYERS, FL 33919	CITY-ST-ZIP			
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TORRES, JOSEPH	NAME			
STREET ADDRESS	5959 WINKLER ROAD #117	STREET ADDRESS			
CITY-ST-ZIP	FORT MYERS, FL	CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COONEY, JOSEPH	NAME			
STREET ADDRESS	5959 WINKLER RD 214	STREET ADDRESS			
CITY-ST-ZIP	FORT MYERS, FL 33919	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GRIFFITH, JOANN	NAME	D Poll, George		
STREET ADDRESS	5959 WINKLER RD #218	STREET ADDRESS	5959 Winkler #203		
CITY-ST-ZIP	FORT MYERS, FL 33919	CITY-ST-ZIP	Fort Myers, FL 33919		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		Date 3/22/07		Daytime Phone # 239-481-7591	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					