

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760865

FILED
Apr 20, 2009
Secretary of State

Entity Name: BERMUDA BAY BEACH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4201 38TH AVE S
SAINT PETERSBURG, FL 33711 US

New Principal Place of Business:

Current Mailing Address:

4201 38TH AVE S
SAINT PETERSBURG, FL 33711 US

New Mailing Address:

5901 SUN BLVD
#200
SAINT PETERSBURG, FL 33715 US

FEI Number: 59-2251916

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RESOURCE PROPERTY MGMT
5901 SUN BLVD., #200
ST PETERSBURG, FL 33715 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: NASH, JAMES
Address: 5901 SUN BLVD., #200
City-St-Zip: ST PETERSBURG, FL 33715

Title: V-PR () Delete
Name: PARKER, TOM
Address: 5901 SUN BLVD., #200
City-St-Zip: ST PETERSBURG, FL 33715

Title: DIR () Delete
Name: FOURIE, FERDINAND
Address: 5901 SUN BLVD., #200
City-St-Zip: SAINT PETERSBURG, FL 33715

Title: TREA () Delete
Name: LOXTON, DENNIS
Address: 5901 SUN BLVD., #200
City-St-Zip: SAINT PETERSBURG, FL 33715

Title: SEC () Delete
Name: WING, PATRICIA
Address: 5901 SUN BLVD., #200
City-St-Zip: SAINT PETERSBURG, FL 33715

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DIR (X) Change () Addition
Name: CUNNINGHAM, DEBBIE
Address: 5901 SUN BLVD., #200
City-St-Zip: SAINT PETERSBURG, FL 33715

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LINDA DUNHAM

MGR

04/20/2009

Electronic Signature of Signing Officer or Director

_____ Date