2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

05-14-2008 90011 025 ****61.25
N01000002687

FILED
08 MAY 23 PM 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000002687

1. Entity Name
BERMUDA PARK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
27800 OLD 41 ROAD BONITA SPRINGS, FL 34135 US	27800 OLD 41 ROAD BONITA SPRINGS, FL 34135 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
%Gulf Breeze Mgmt. Svcs. of 8910 Terrene Ct./SW FL, LLC	%Gulf Breeze Mgmt. Svcs. of 8910 Terrene Ct./SW FL, LLC
Suite, Apt. #, etc.: Suite 200	Suite, Apt. #, etc.: Suite 200
City & State: Bonita Springs, FL	City & State: Bonita Springs, FL
Zip: 34135 Country: USA	Zip: 34135 Country: USA

04082008 Chg-NP CR2E037 (12/06)

4. FEI Number: 59-3715160 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STERLING PROPERTY SERVICES
27800 OLD 41 ROAD
BONITA SPRINGS, FL 34135

7. Name and Address of New Registered Agent

Name: Weidner, Ralph L.
%Gulf Breeze Mgmt. Svcs. of SW FL, LLC
Street Address (P.O. Box Number is Not Acceptable): 8910 Terrene Court
Suite 200
City: Bonita Springs FL Zip Code: 34135

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: Weidner, Ralph L. Ralph L Weidner 4/8/2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P HOLLINGWORTH, LEE 25770 LAKE AMELIA WAY #101 BONITA SPRINGS, FL 34135	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D DeVries, John 25746 Lake Amelia Way, #103 Bonita Springs, FL 34135	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V JENKINS, MAXINE 25701 LAKE AMELIA WAY #103 BONITA SPRINGS, FL 34135	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D Bernardi, Amando 25746 Lake Amelia Way, #101 Bonita Springs, FL 34135	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JACKSON, EDWIN 25701 LAKE AMELIA WAY #102 BONITA SPRINGS, FL 34135	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D 25761	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T TEDSCO, MIKE 25747 LAKE AMEILA WAY 203 BONITA SPRINGS, FL 34135	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	5/27	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D Brown, Jarrad A. 25747 Lake Amelia Way, #105 Bonita Springs, FL 34135	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Clark, Paul 25727 Lake Amelia Way, #204 Bonita Springs, FL 34135	☐ Change ☒ Addition

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: John DeVries 4/10/08 (239) 947-2021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # vb