

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002687

FILED  
May 05, 2011  
Secretary of State

Entity Name: BERMUDA PARK CONDOMINIUM ASSOCIATION, INC.

## Current Principal Place of Business:

%GULF BREEZE MGMT. SVCS. OF SW FL, LLC  
8910 TERRENCE CT., SUITE 200  
BONITA SPRINGS, FL 34135 US

## New Principal Place of Business:

%GULF BREEZE MGMT. SVCS., LLC  
8910 TERRENCE CT., SUITE 200  
BONITA SPRINGS, FL 34135 US

## Current Mailing Address:

%GULF BREEZE MGMT. SVCS. OF SW FL, LLC  
8910 TERRENCE CT., SUITE 200  
BONITA SPRINGS, FL 34135 US

## New Mailing Address:

%GULF BREEZE MGMT. SVCS., LLC  
8910 TERRENCE CT., SUITE 200  
BONITA SPRINGS, FL 34135 US

FEI Number: 59-3715160

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WEIDNER, RALPH L  
%GULF BREEZE MGMT. SVCS. OF SW FL, LLC  
8910 TERRENCE CT., SUITE 200  
BONITA SPRINGS, FL 34135 US

## Name and Address of New Registered Agent:

WEIDNER, RALPH L  
%GULF BREEZE MGMT. SVCS., LLC  
8910 TERRENCE CT., SUITE 200  
BONITA SPRINGS, FL 34135 US

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:

05/05/2011

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D  
Name: PFEIFER, WILLIAM  
Address: 25762 LAKE AMELIA WAY, #205  
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: VD  
Name: ROUSE, DOUGLAS W  
Address: 25711 LAKE AMELIA WAY, #101  
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: SD  
Name: HOY, PATRICK G  
Address: 25756 LAKE AMELIA WAY, #103  
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: PD  
Name: LEONE, CAROL A  
Address: 25746 LAKE AMELIA WAY, #202  
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: TD  
Name: BROWN, JARRAD A  
Address: 25747 LAKE AMELIA WAY, #105  
City-St-Zip: BONITA SPRINGS, FL 34135

I hereby 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 all other like empowered.

SIGNATURE: CAROL A. LEONE

PRES

05/05/2011

Electronic Signature of Signing Officer or Director

Date