## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000006960

FILED Apr 30, 2008 Secretary of State

Entity Name: BERMUDA ROYALE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:				
3260 DOUG NAPLES, F	GLAS DRIVE L 34105 L	IS						
Current Mailing Address:				New Mailing Address:				
4802 AIRPO NAPLES, F	ORT ROAD EL 34105 L	IS						
FEI Number:	20-0162649	FEI Number Applied For ( )	FEI Num	nber Not Appli	icable ( )	Certifica	te of Status Des	ired ( )
Name and	Address of C	urrent Registered Agent:		Name and	Address of	f New Regi	istered Agent	t:
4802 AIRPO NAPLES, F	named entity :		ırpose of	f changing it	ts registered	l office or re	egistered ager	nt, or both,
SIGNATUR	o <b>⊏</b> .							
OIOIVATOIN		ic Signature of Registered Ager	 nt				 Date	
OFFICERS	AND DIREC			ADDITION	S/CHANGE	S TO OFF	ICERS AND [	DIRECTORS:
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title:	COMEAUX, CA 3304 EUROPA NAPLES, FL 3 TD ( ) TERRY, JOCEL 3250 DOUGLAN NAPLES, FL 3 VD ( )	DRIVE #1 4105 US  Delete YN S DR. #201 4105 US		Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	COMEAUX, 0 3304 EUROP NAPLES, FL TVD BADIU, JOCI 3250 DOUGI NAPLES, FL PD	PA DRIVE #1 34105 US (X) Change ( ELYN TERN _AS DR. #201 34105 US (X) Change (	Addition	
Name: Address:	FYFFE, ELAINE 3250 DOUGLAS			Name: Address:	FYFFE, ELA 3250 DOUGI	INE LAS DRIVE #1	104	
City-St-Zip:	NAPLES, FL 3			City-St-Zip:	NAPLES, FL			
Title: Name: Address: City-St-Zip:	D ( ) FLACH, RICHA 3275 JESSICA NAPLES, FL 3	LANE #104		Title: Name: Address: City-St-Zip:		()Change(	) Addition	
Title: Name: Address: City-St-Zip:	D ( ) BLACK, NANCY 12929 BRYNW NAPLES, FL 3	OOD WAY		Title: Name: Address: City-St-Zip:		() Change(	) Addition	
Title: Name: Address: City-St-Zip:	( )	Delete		Title: Name: Address: City-St-Zip:	AT LOSCHIAVO 4802 AIRPO NAPLES, FL	RT ROAD	X) Addition	

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: SHARON SLOZIL AS 04/30/2008