

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009023

FILED
Apr 19, 2011
Secretary of State

Entity Name: BERMUDA LINKS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O ABILITY MANAGEMENT, INC
6736 LONE OAK BLVD.
NAPLES, FL 341096834 US

Current Mailing Address:

C/O ABILITY MANAGEMENT, INC
6736 LONE OAK BLVD.
NAPLES, FL 341096834 US

New Principal Place of Business:

C/O STERLING PROPERTY SERVICES
27180 BAY LANDING DR, SUITE 4
BONITA SPRINGS,, FL 34135 US

New Mailing Address:

C/O STERLING PROPERTY SERVICES
27180 BAY LANDING DR, SUITE 4
BONITA SPRINGS, FL 34135 US

FEI Number: 20-3430242

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIVELY, DENNIS F
6736 LONE OAK BLVD
NAPLES, FL 341096834 US

Name and Address of New Registered Agent:

STERLING PROPERTY SERVICES
27180 BAY LANDING DR
SUITE 4
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: TONY SHEFFERD

04/19/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T
Name: BERTO, INGRID
Address: 36 HOLDEN DR. BOX 866
City-St-Zip: NOBLETON, ONT., CANADA, LOG 1N0

Title: S
Name: JOHNSON, STEVE
Address: 97 GROVELAND AVE
City-St-Zip: SOUTH WEYMOUTH, MA 02190

Title: P
Name: PRESTON, MICHAEL
Address: 26660 ROSEWOOD POINTE CIR, # 106
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: VP
Name: GARCIA, JULIAN
Address: 9600 ROSEWOOD POINTE TERRACE, # 205
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: D
Name: DELUCA, ROCCO
Address: 3988 ELLENDALE RD
City-St-Zip: CHAGRIN FALLS, OH 44022 US

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: TONY SHEFFERD

RA

04/19/2011

Electronic Signature of Signing Officer or Director

Date