

FILED
Jun 12, 2006 8:00 am
Secretary of State

4000000000



02252006 Chg-NP CR2E037 (11/05)

4. FEI Number 65-0084186	Applied For
	Not Applicable

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

7. Name and Address of New Registered Agent

1. Entity Name
BERMUDA VIEW CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business	Mailing Address
3627 BAL HARBOR BLVD.	100 SULLIVAN ST.
PUNTA GORDA, FL 33950	STE. 112
US	PUNTA GORDA, FL 33590
	US

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent

GREENE, JOAN F
100 SULLIVAN ST.
STE. 112
PUNTA GORDA, FL 33950

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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

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, 2006**

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

TITLE	SD	<input type="checkbox"/> Delete
NAME	HALL, CHRISTINE	
STREET ADDRESS	3627 BAL HARBOR BLVD., #174	
CITY-ST-ZIP	PUNTA GORDA, FL	

TITLE	PD	<input type="checkbox"/> Delete
NAME	ROSS, JAMES	
STREET ADDRESS	3627 BAL HARBOR BLVD.	
CITY-ST-ZIP	PUNTA GORDA, FL	

TITLE	VPD	<input type="checkbox"/> Delete
NAME	ZIBELL, JAMES R	
STREET ADDRESS	188 NEAL AVE NORTH	
CITY-ST- ZIP	STILLWATER, MN 55082	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST- ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST- ZIP	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
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TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	V P D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-07-06

Date _____

Daytime Phone # _____