2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30587

FILED Apr 24, 2007 Secretary of State

Entity Name: BERMUDA CAYS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: C/O WARNER CORPORATION 886 110TH AVE NORTH #7 NAPLES, FL 34108 **Current Mailing Address: New Mailing Address:** C/O WARNER CORPORATION 886 110TH AVE NORTH #7 NAPLES, FL 34108 FEI Number: 65-0117837 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WARNER, BRYAN 886 110TH AVE NORTH NAPLES, FL 34108 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition DI PIETRO, ARLENE Name: Name: 3940 WINDWARD PASSAGE CIRCLE V-201 Address: Address: City-St-Zip: BONITA SPRINGS, FL 34134 City-St-Zip: Title: (X) Delete Title: () Change () Addition VANGUNTEN, BRIGITTE Name: Name: Address: 28621 STARBOARD PASSAGE WAY C-102 Address: City-St-Zip: BONITA SPRINGS, FL 34134 City-St-Zip: Title: () Delete Title: (X) Change () Addition SCUDDER, LARRY VESTAL, GENE Name: Name: 28622 STARBOARD PASS P-102 3920 WINDWARD PASSAGE CIR. T-202 Address: Address: City-St-Zip: BONITA SPRINGS, FL 34134 City-St-Zip: BONITA SPRINGS, FL 34134 Title: VΡ () Delete Title: DT (X) Change () Addition Name: CHAMLEY, FRANK Name: DIPIETRO, STEVE 3981 WINWARD PASSAGE CR M102 3940 WINWARD PASSAGE CR V-201 Address: Address: City-St-Zip: BONITA SPRINGS, FL 34134 City-St-Zip: BONITA SPRINGS, FL 34134 Title: () Delete Title: (X) Change () Addition VESTAL, GENE Name: Name: EICHERT, MARY LOU 3920 WINDWARD PASSAGE CIRCLE T-202 3960WINDWARD PASSAGE CIRCLE W-101 Address: Address: City-St-Zip: BONITA SPRINGS, FL 34134 City-St-Zip: BONITA SPRINGS, FL 34134 Title: () Delete Title: () Change (X) Addition LINHOFF PAT Name: Name: Address: Address: 39201WINDWARD PASSAGE CIRCLE H-202 BONIA SPRINGS, FL 34134 City-St-Zip: City-St-Zip:

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: GENE VESTAL P 04/24/2007