
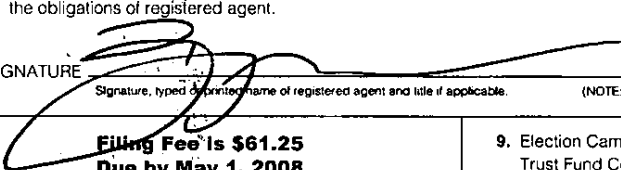


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90039 012 ****61.25

DOCUMENT # N30587 1. Entity Name BERMUDA CAYS CONDOMINIUM ASSOCIATION, INC.																																																																																																																																																											
Principal Place of Business C/O WARNER CORPORATION 886 110TH AVE NORTH # 7 NAPLES, FL 34108			Mailing Address C/O WARNER CORPORATION 886 110TH AVE NORTH # 7 NAPLES, FL 34108																																																																																																																																																								
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																																																																																																									
City & State		City & State		4. FEI Number 65-0117837																																																																																																																																																							
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																																																							
6. Name and Address of Current Registered Agent WARNER, BRYAN 886 110TH AVE NORTH NAPLES, FL 34108				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																																																																																																																																																							
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.				DATE 4/11/08																																																																																																																																																							
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				Filing Fee is \$61.25 Due by May 1, 2008																																																																																																																																																							
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>				\$5.00 May Be Added to Fees																																																																																																																																																							
Make check payable to Florida Department of State																																																																																																																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 5px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 5px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</th> </tr> <tr> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 65%; padding: 5px;">NAME</td> <td style="width: 20%; padding: 5px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 65%; padding: 5px;">NAME</td> <td style="width: 20%; padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td colspan="5" style="padding: 5px;">DI PIETRO, ARLENE</td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td colspan="5" style="padding: 5px;">3940 WINDWARD PASSAGE CIRCLE V-201 BONITA SPRINGS, FL 34134</td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">2nd Vice President</td> <td style="padding: 5px;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td colspan="5" style="padding: 5px;">VESTAL, GENE</td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td colspan="5" style="padding: 5px;">3920 WINDWARD PASSAGE CIR. 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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:  4/11/08 239-591-1500 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																																																											