


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N30589** (8)
1. Corporation Name
BERMUDA ISLES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 4501 LEEWARD PASSAGE CT. UNIT 202 BONITA SPRINGS FL 33923-3352	Mailing Address 4501 TAMiami TRAIL N. SUITE 223 NAPLES FL 34103-3023 US
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3. Date Incorporated or Qualified 02/09/1989	3a. Date of Last Report 04/16/1996
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2. Principal Place of Business 21	2a. Mailing Address 26 4933 Tamiami Tr. N.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 #200
City & State 23	City & State 28 Naples,
Zip 24	Zip 29 34103
Country 25	Country 30 Collier

4. FEI Number 65-0125251	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent MURRELL, ROBERT C/O SWALM & MURRELL, PA 2375 TAMiami TRAIL, N., #308 NAPLES FL 33940	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> DELETE BAGDASIAN, SHIRLEY 3941 LEEWARD PASSAGE COURT, #1-201 BONITA SPRINGS FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> DELETE SHUMSKY, CAMILLE 3921 LEEWARD PASSAGE COURT, #2-103 BONITA SPRINGS FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> DELETE FIJUT, JOE 3890 LEEWARD PASSAGE COURT, #3-101 BONITA SPRINGS FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Henderson, William 3910 Leeward Passage Ct. 5-201 Bonita Springs, Fl. 34134
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	S/T D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Ainscough, Joseph 3941 Leeward Passage Ct. 1-105
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	VP D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Fijut, Joe 27091 Homewood Dr. Bonita Springs, Fl. 34134
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)