## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # N30589**

1. Corporation Name

BERMUDA ISLES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business R & P PROPERTY MANAGEMENT 265 AIRPORT ROAD SOUTH NAPLES FL 34104

Mailing Address

R & P PROPERTY MANAGEMENT 265 AIRPORT ROAD SOUTH NAPLES FL 34104

04-26-1999 90140 050 \*\*\*\*61.25

U.	3	u.	,								
2. 21	Principal Place of Business	2a.	Mailing Address			3. Date Incorporated or Qualifed 02/09/1989					
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.			4. FEI Number Applied For 65-0125251 Not Applicable					
23	City & State	28	City & State		<u> </u>	55. Certificate of Status Desired Fee Required					
24	Zip Country	29	Zip	Count	ry	fy  6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees					
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
				8	11	Name					
R & P PROPERTY MANAGEMENT 265 AIRPORT ROAD SOUTH					32	treet Address (P.O. Box Number is Not Acceptable)					
NAPLES FL 34104				8	33						
				8	4	4 City FL 85 Zip Code					
1	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	Signature, typed or printed name of registered agent and title if applical	ole. (NOTE: Re	gistered Agent signature r			
12.	OFFICERS AND DIRECTOR		13.	ADDITIONS/CHANGES TO OFFICERS AN		-
TITLE	P	▼ DELETE	1.1 TITLE	D	Change	Addition
NAME	HENDERSON, WILLIAM		1.2 NAME	SIMONTON ELETTA 3920 LEEWARD POSSAGE C+ 102 BONITA SPRINGS, FL. 34134		ł
STREET ADDRESS	3910 LEEWARD PASSAGE, #201		1.3 STREET ADDRESS	3920 LEEWARD PUSSAJO		
CITY-ST-ZIP	BONITA SPRINGS FL 34134		1.4 CITY-ST-ZIP	BONITA SPRINGS, FL. 34134		
TITLE	VP	<b>⊠</b> DELETE	2.1 TITLE	_	Change	Addition
NAME	AINSCOUGH, JOSEPH		2.2 NAME	FRANKLIN JULIAN		\
STREET ADDRESS	3941 LEEWARD PASSAGE, #105		2.3 STREET ADDRESS	3890 LEEWALD PASSAGE 3-103		1
CITY-ST-ZIP	BONITA SPRINGS FL 34134		2. 4 CITY-ST-ZIP	BONITA Springs. FL. 34134		
TITLE	ST	☐ DELETE	3.1 TITLE		Change	Addition
NAMÉ	KIDDY, AGNES		3.2 NAME			.
STREET ADDRESS	3910 LEEWARD PASSAGE, #103		3,3 STREET ADDRESS			
CITY-ST-ZIP	BONITA SPRINGS FL 34134		3.4. CITY-ST-ZIP		F3.05	- Addison
IIITE	D	DELETE	4.1 TITLE		Change	Addition
NAME	LAWRENCE, RICHARD		4, 2 NAME			
STREET ADDRESS	3624 EL SEGUNDO CT		4.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 34109		4.4 CITY-ST-ZIP		Change	Addition
TITLE	D	☐ DELETE	5.1 TITLE	PD	Marchange	☐ Addition ]
NAME	WILSON, LUCY		5.2 NAME			
STREET ADDRESS	3920 LEEWARD PASSAGE, #102		5.3 STREET ADDRESS			İ
CITY-ST-ZIP	BONITA SPRINGS FL 34134		5.4 CITY-ST-ZIP		Cherre	- Addition
TITLE		DELETE	6.1 TITLE		Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			1
CITY-ST-ZIP			6.4 CITY-ST-ZIP	d in Continue 440 07/3\/i) Florido Statutos I further con	ce object of	

14. I 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, with all other like empowered.