

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N30589

1. Entity Name

BERMUDA ISLES CONDOMINIUM ASSOCIATION, INC.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90076 042 ****61.25

Principal Place of Business

Mailing Address

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

R & P PROPERTY MANAGEMENT
265 AIRPORT ROAD SOUTH
NAPLES FL 34104-3518
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0125251

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ELETTA, SIMONTON	
STREET ADDRESS	3920 LEENARD PASSAGE CT 102	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRANKLIN, JULIAN	
STREET ADDRESS	3890 LEEWARD PASSAGE 3-103	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	ST	<input type="checkbox"/> Delete
NAME	KIDDY, AGNES	
STREET ADDRESS	3910 LEEWARD PASSAGE, #103	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WILSON, LUCY	
STREET ADDRESS	3920 LEEWARD PASSAGE, #102	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DYP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIKE THOMPSON	
STREET ADDRESS	3941 LEEWARD PASSAGE CT #104	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE	DYP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANKLIN, JULIAN	
STREET ADDRESS	3890 LEEWARD PASSAGE CT #103	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE	Agnes E. Kiddy	<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 exemption stated in Section 119.07(3)(i), 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: *Lucy Wilson* **REDUCING M. Wilson** **2-24-00** **992-7452**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)