

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM****Secretary of State****DOCUMENT # N30589****1. Entity Name**

BERMUDA ISLES CONDOMINIUM ASSOCIATION, INC.

Principal Place of BusinessR & P PROPERTY MANAGEMENT
265 AIRPORT ROAD SOUTH
NAPLES
34104
US**Mailing Address**R & P PROPERTY MANAGEMENT
265 AIRPORT ROAD SOUTH
NAPLES
34104
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 SOUTHNAPLES
34104
US

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 _____ **05/01/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D NORTON PAT	3890 LEEWARD PASSAGE CT. #102 NAPLES	FL 34104PD
<input type="checkbox"/> Delete	PD WILSON LUCY	3920 LEEWARD PASSAGE, #102 BONITA SPRINGS	FL 34134	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	ST KIDDY AGNES	3910 LEEWARD PASSAGE, #103 BONITA SPRINGS	FL 34134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D MCCARTHY SUE	3920 LEEWARD PASSAGE, #201 BONITA SPRINGS	FL 34134
<input type="checkbox"/> Delete	DVP FRANKLIN JULIAN	3890 LEEWARD PASSAGE 3-103 BONITA SPRINGS	FL 34134	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	DVP THOMPSON MIKE	3941 LEEWARD PASSAGE CT # 104 BONITA SPRINGS	FL 34134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STD MULHERAN KATHY	3941 LEEWARD PASSAGE CT # 205 BONITA SPRINGS	FL 34134
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

PD

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)