

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

0048755

DOCUMENT # N30589

1. Entity Name

BERMUDA ISLES CONDOMINIUM ASSOCIATION, INC.

04-09-2002 90069 028 ****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
 US

2. Principal Place of Business

3. Advanced Property Mgmt Service

Advanced Property Mgmt Service

37 Mentor Drive

Suite, Apt. #, etc.
 37 Mentor Drive

Suite, Apt. #, etc.

Naples FL 34110

City & State
 Naples FL 34110

City & State

4. FEI Number

65-0125251

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Advanced Property Mgmt Service

37 Mentor Drive

Naples FL 34110

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

Susan L. Thompson

SUSAN L. THOMPSON

3/12/02

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 STD
 MULHERAN, KATHY
 3941 LEEWARD PASSAGE CT # 205
 BONITA SPRINGS FL 34134 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DVP
 FRANKLIN, JULIAN
 3890 LEEWARD PASSAGE 3-103
 BONITA SPRINGS FL 34134 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 MCCARTHY, SUE
 3920 LEEWARD PASSAGE, #201
 BONITA SPRINGS FL 34134 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PD
 WILSON, LUCY
 3920 LEEWARD PASSAGE, #102
 BONITA SPRINGS FL 34134 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 NORTON, PAT
 3890 LEEWARD PASSAGE CT. #102
 NAPLES FL 34104-PD ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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:

Ruelle PRESIDENT

3/12/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)