


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N30589	
1. Entity Name BERMUDA ISLES CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business ADVANCED PROPERTY MGMT SERVICE 3350 WOODS EDGE CIRCLE, STE 104 BONITA SPRINGS, FL 34134 US	Mailing Address ADVANCED PROPERTY MGMT SERVICE 3350 WOODS EDGE CIRCLE, STE 104 BONITA SPRINGS, FL 34134 US
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04262004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEJ Number 65-0125251	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent THOMPSON, SUSAN L. ADVANCED PROPERTY MGMT SERVICE 3350 WOODS EDGE CIRCLE STE 104 BONITA SPRINGS, FL 34134

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

000000153280
05/04/04-80121-008 \$1.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD MULHERAN, KATHY 3941 LEEWARD PASSAGE CT # 205 BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP FRANKLIN, JULIAN 3890 LEEWARD PASSAGE 3-103 BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCCARTHY, SUE 3920 LEEWARD PASSAGE, #201 BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WILSON, LUCY 3920 LEEWARD PASSAGE, #102 BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NORTON, PAT 3890 LEEWARD PASSAGE CT. #102 NAPLES, FL 34104PD
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Lucille Wilson **LUCILLE WILSON** 4/28/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #