

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90139 024 \*\*\*\*61.25

**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**



04152005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**65-0125251**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*05/01/05*

Date

Daytime Phone #