2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State
05-04-2006 90197 001 ****61.25

400067111

DOCUMENT # N30589

1. Entity Name
BERMUDA ISLES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
ADVANCED PROPERTY MGMNT SERVICE 3350 WOODS EDGE CIRCLE. STE 104 BONITA SPRINGS, FL 34134 US	ADVANCED PROPERTY MGMNT SERVICE 3350 WOODS EDGE CIRCLE. STE 104 BONITA SPRINGS, FL 34134 US

02212006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Advanced Property Management Service, Inc. 1035 Collier Center Way, #7 Naples, FL 34110	Advanced Property Management Service, Inc. 1035 Collier Center Way, #7 Naples, FL 34110
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
THOMPSON, SUSAN L ADVANCED PROPERTY MGMT SERVICE 3350 WOODS EDGE CIRCLE STE 104 BONITA SPRINGS, FL 34134	Name: Advanced Property Street Address (P.O. Box Number is Not Acceptable): Management Service, Inc. 1035 Collier Center Way, #7 City: Naples, FL 34110 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Susan L Thompson SUSAN L. THOMPSON AGENT 02/21/06
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, 2006

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

Make check payable to Florida 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	DT MULHERAN, KATHY PO BOX 1434 BONITA SPRINGS, FL 34133	☒ 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	DP JULIAN, FRANK 3890 LEEWARD PASSAGE CT. #103 BONITA SPRINGS, FL 34134	☒ 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	DVP MC CARTHY, SUE 3920 LEEWARD PASSAGE CT #201 BONITA SPRINGS, FL 34134	☒ 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	D WILSON, LUCY 3920 LEEWARD PASSAGE CT. #102 BONITA SPRINGS, FL 34134	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NORTON, PAT 3890 LEEWARD PASSAGE CT. #102 NAPLES, FL 34104PD	☐ 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	DS PESSOLANO, GERALDINE 3921 LEEWARD PASSAGE CT. #102 BONITA SPRINGS, 34134	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: [signature] April 27 06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #