

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91146 001 ****61.25

DOCUMENT # N30589

1. Entity Name

BERMUDA ISLES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**ADVANCED PROPERTY MGMT SERVICE
37 MENTOR DR
NAPLES FL 34104
US**

Mailing Address

**ADVANCED PROPERTY MGMT SERVICE
37 MENTOR DR
NAPLES FL 34104
US**

2. Principal Place of Business

3. Mailing Address



**Advanced Property Management
Service, Inc.**

**Advanced Property Management
Service, Inc.**

☒ CHECK HERE IF MAKING CHANGES

**3350 Woods Edge Circle, Ste 104
Bonita Springs, FL 34134**

**3350 Woods Edge Circle, Ste 104
Bonita Springs, FL 34134**

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
ADVANCED PROPERTY MGMT SERVICE
37 MENTOR DRIVE
NAPLES FL 34104**

Name

Susan L. Thompson

Street Address (P.O. Box Number is Not Acceptable)

**Advanced Property Management
Service, Inc.**

City

**3350 Woods Edge Circle, Ste 104
Bonita Springs, FL 34134**

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

4/22/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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

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

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

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

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
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:

Lucy Wilson

4/23/03

CR2E037 (10/02)