

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90019 046 ****61.25



DOCUMENT # N31436				1. Entity Name	
BERMUDA ISLES & CAYS SWIM & RACQUET CLUB, INC.					
Principal Place of Business			Mailing Address		
327 EMERALD BAY CIRCLE STE 5 NAPLES FL 34110			P.O. BOX 2411 BONITA SPRINGS FL 34133		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number	
				65-0112921	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CATTRELL, JERRY 327 EMERALD BAY CIRCLE STE 5 NAPLES FL 34110				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				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. 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 re-registering)					



1st MOORE CR2E037 (10/06)

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPD SD	<input type="checkbox"/> Delete	TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYERS, BETTY LOU		NAME		
STREET ADDRESS	3991 WINDWARD PASSAGE CR # N202		STREET ADDRESS		
CITY - ST - ZIP	BONITA SPRINGS FL 34134		CITY - ST - ZIP		
TITLE	PD TD	<input type="checkbox"/> Delete	TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANGUNTEN, BRIGITTE		NAME		
STREET ADDRESS	28621 STARBOARD PASSAGE CR. C102		STREET ADDRESS		
CITY - ST - ZIP	BONITA SPRINGS FL 34134		CITY - ST - ZIP		
TITLE	SP PD	<input type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVINE, ANNA		NAME		
STREET ADDRESS	3951 LEEWARD PASSAGE COURT # 201		STREET ADDRESS		
CITY - ST - ZIP	BONITA SPRINGS FL 34314		CITY - ST - ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	DUP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GASS, RENI		NAME	ANDREW ATANOWSKY	
STREET ADDRESS	3951 LEEWARD PASSAGE CT #201		STREET ADDRESS	28631 STARBOARD PASSAGE WAY #201	
CITY - ST - ZIP	BONITA SPRINGS FL 34134		CITY - ST - ZIP	BONITA SPRINGS, FL 34134	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM, HEANY		NAME		
STREET ADDRESS	3940 LEEWARD PASSAGE CT. #101		STREET ADDRESS		
CITY - ST - ZIP	BONITA SPRINGS FL 34134		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Brigitte Vanguten* BRIGITTE VANGUNTEN 3/21/2007 239-947-2629

Signature and typed or printed name of signing officer or director Date Daytime Phone #