

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31436

FILED  
Feb 04, 2009  
Secretary of State

**Entity Name:** BERMUDA ISLES & CAYS SWIM & RACQUET CLUB, INC.

**Current Principal Place of Business:**

327 EMERALD BAY CIRCLE  
STE 5  
NAPLES, FL 34110

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2411  
BONITA SPRINGS, FL 34133

**New Mailing Address:**

**FEI Number:** 65-0112921

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CATTRELL, JERRY  
327 EMERALD BAY CIRCLE  
STE 5  
NAPLES, FL 34110 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DS ( ) Delete  
Name: MYERS, BETTY LOU  
Address: 3991 WINDWARD PASSAGE CR # N202  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: DT ( ) Delete  
Name: VANGUNTEN, BRIGITTE  
Address: 28621 STARBOARD PASSAGE CR. C102  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: DVP ( ) Delete  
Name: DEVINE, ANNA  
Address: 3951 LEEWARD PASSAGE COURT # 201  
City-St-Zip: BONITA SPRINGS, FL 34314

Title: DP ( ) Delete  
Name: ANTANOWSKY, ANDREW  
Address: 28631 STARBOARD PASSAGE WAY #201  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: DVP ( ) Delete  
Name: GASS, IRENE  
Address: 3951 LEEWARD PASSAGE CT #201  
City-St-Zip: BONITA SPRINGS, FL 34134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIGITTE VANGUNTEN

TRES

02/04/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date