

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N45858** (0)

1. Corporation Name

BERMUDA GREENS COMMONS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

THE WARNER CORPORATION
886 110TH AVE NORTH 7
NAPLES FL 33963
US

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886 110TH AVE NORTH 7
NAPLES FL 33963
US



3. Date Incorporated or Qualified
11/01/1991

3a. Date of Last Report
05/23/1995

2. Principal Place of Business

2a. Mailing Address

21 **TRAMCO INC**

26 **TRAMCO INC**

4. FEI Number
65-0295569

Applied For
Not Applicable

22 **5085 TAMiami TR E**

27 **5085 TAMiami TR E**

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

23 **NAPLES FL**

28 **NAPLES FL**

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

24 **34113**

25 **COLLIER**

29 **34113**

30 **COLLIER**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WARNER, BRYAN J
THE WARNER CORPORATION
886 110TH AVE NORTH 7
NAPLES FL 33963

81 Name **GARY K. MART**

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

83 **TRAMCO, INC.**

84 City **5085 Tamiami Trail East**
NAPLES, FLORIDA 33962 FL 85 Zip Code **34113**

11. Pursuant to the provisions of Sections 617.0502 and 617.1006, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **BACHTEL, JACK**
STREET ADDRESS **13080 HAMILTON HARBOUR**
CITY - ST - ZIP **NAPLES FL**

1.1 TITLE **PD** ☐ Change ☒ Addition
1.2 NAME **NED LEIBIG**
1.3 STREET ADDRESS **13093 CASTLE HARBOUR DR L1**
1.4 CITY - ST - ZIP **NAPLES FL 33942**

TITLE **VPO** ☒ DELETE
NAME **THOMAS, ROBERT**
STREET ADDRESS **13055 CASTLE HARBOUR**
CITY - ST - ZIP **NAPLES FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **SD** ☐ DELETE
NAME **OSWALD, THOMAS**
STREET ADDRESS **1771 BERMIDA GREENS BLVD**
CITY - ST - ZIP **NAPLES FL**

3.1 TITLE **D** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE **TD** ☐ DELETE
NAME **WINO, GEORGE**
STREET ADDRESS **5511 NAMAKAGAN RD**
CITY - ST - ZIP **BETHESDA MD**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE **D** ☐ DELETE
NAME **CRESE, STEWART**
STREET ADDRESS **1114 LEXINGTON LANE**
CITY - ST - ZIP **BATABIA IL**

5.1 TITLE **V.D** ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE **SD** ☐ Change ☒ Addition
6.2 NAME **JUDY HERTKORN**
6.3 STREET ADDRESS **13020 HAMILTON HARBOUR DR #19**
6.4 CITY - ST - ZIP **NAPLES FL 33942**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-25-96

594-5045

Date

Daytime Phone #

CR2E037 (3/96)