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May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N45858** (0)
1. Corporation Name
BERMUDA GREENS COMMONS ASSOCIATION, INC.



Principal Place of Business TRAMCO INC 5085 TAMiami TR E NAPLES FL 33962 US	Mailing Address TRAMCO INC 5085 TAMiami TR E 5085 TAMiami TR. E. NAPLES FL 34113-4128 US
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3. Date Incorporated or Qualified 11/01/1991	3a. Date of Last Report 05/17/1996
4. FEI Number 65-0295569	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**MART, GARY K
TRAMCO, INC.
5085 TAMiami TR. E.
NAPLES FL 33962**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	LEIBIG, NED
STREET ADDRESS	5085 TAMiami TR. E.
CITY-ST-ZIP	NAPLES FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	LEIBIG, NED
STREET ADDRESS	13083 CASTLE HARBOUR DR LO
CITY-ST-ZIP	NAPLES FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	HERTKORN, JUDY
STREET ADDRESS	5085 TAMiami TR. E.
CITY-ST-ZIP	NAPLES FL
TITLE	T <input type="checkbox"/> DELETE
NAME	WINO, GEORGE
STREET ADDRESS	5511 NAMAKAGAN RD
CITY-ST-ZIP	BETHESDA MD
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	CRESSE, STEWART
STREET ADDRESS	1114 LEXINGTON LANE
CITY-ST-ZIP	BATABIA IL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	HERTKORN, JUDY
STREET ADDRESS	13020 HAMILTON HARBOUR DRIVE 1-9
CITY-ST-ZIP	NAPLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD / DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RYDZ, RICHARD
1.3 STREET ADDRESS	5085 TAMiami TR. E.
1.4 CITY-ST-ZIP	NAPLES, FL 34113
2.1 TITLE	1ST VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RENALD MORANI
2.3 STREET ADDRESS	5085 TAMiami TR. E.
2.4 CITY-ST-ZIP	NAPLES, FL. 34113
3.1 TITLE	2ND VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ROBERT OLSON
3.3 STREET ADDRESS	5085 TAMiami TR. E.
3.4 CITY-ST-ZIP	NAPLES, FL. 34113
4.1 TITLE	3RD VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	FRANK REHM
4.3 STREET ADDRESS	5085 TAMiami TR. E.
4.4 CITY-ST-ZIP	NAPLES, FL 34113
5.1 TITLE	4TH VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ARLENE WAYT
5.3 STREET ADDRESS	5085 TAMiami TR. E.
5.4 CITY-ST-ZIP	NAPLES, FL 34113
6.1 TITLE	5TH T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	ARTHUR BOECKENRIDGE
6.3 STREET ADDRESS	5085 TAMiami TR. E.
6.4 CITY-ST-ZIP	NAPLES, FL. 34113

14. I do 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 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: George Wino **George Wino** 4/25/97 941 594 8387
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0060066

CR2E037 (9/96)