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Apr 29 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		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

Mailing Address

TRAMCO INC  
5085 TAMAMI TR E  
NAPLES FL 33962  
US

TRAMCO INC 5085 TAMAMI TR E  
5085 TAMAMI TR. E.  
NAPLES FL 33962  
US



3. Date Incorporated or Qualified

11/01/1991

4. FEI Number

65-0295569

Applied For

Not Applicable

2. Principal Place of Business C/O

2a. Mailing Address C/O

21 R & P PROPERTY MANAGEMENT

26 R & P PROPERTY MANAGEMENT

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 265 AIRPORT RD. S.

27 265 AIRPORT RD. S.

City & State

City & State

23 NAPLES FL

28 NAPLES FL

Zip

Country

Zip

Country

24 34104-3518

25 US

29 34104-3518

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MART, GARY K  
TRAMCO, INC.  
5085 TAMAMI TR. E.  
NAPLES FL 33962

81 Name

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

R & P PROPERTY MANAGEMENT

83 265 AIRPORT ROAD SOUTH

84 City

NAPLES

FL

85 Zip Code

34104-3518

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

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  
NAME RYDZ, RICHARD  
STREET ADDRESS 5085 TAMAMI TR E.  
CITY-ST-ZIP NAPLES FL ☒ DELETE

1.1 TITLE DP  
1.2 NAME MORANI, RENALD ☒ Change ☐ Addition  
1.3 STREET ADDRESS 13100 HAMILTON HARBOUR DR. #61  
1.4 CITY-ST-ZIP NAPLES, FL 34110

TITLE VD  
NAME RENALD, MORANI  
STREET ADDRESS 5085 TAMAMI TR E.  
CITY-ST-ZIP NAPLES FL ☒ DELETE

2.1 TITLE DVP1 ☒ Change ☐ Addition  
2.2 NAME DAVISSON, JACK  
2.3 STREET ADDRESS 13100 HAMILTON HARBOUR DR. #67  
2.4 CITY-ST-ZIP NAPLES, FL 34110

TITLE VD  
NAME OLSON, ROBERT  
STREET ADDRESS 5085 TAMAMI TR E.  
CITY-ST-ZIP NAPLES FL ☒ DELETE

3.1 TITLE DVP2 ☒ Change ☐ Addition  
3.2 NAME BACHTEL, JACK  
3.3 STREET ADDRESS 13060 HAMILTON HARBOUR DR. #47  
3.4 CITY-ST-ZIP NAPLES, FL 34110

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

4.1 TITLE DVP3 ☒ Change ☐ Addition  
4.2 NAME REHM, FRANK  
4.3 STREET ADDRESS 1613 BERMUDA GREEDS BLVD #86  
4.4 CITY-ST-ZIP NAPLES, FL 34110

TITLE SD  
NAME WAYT, ARLENE  
STREET ADDRESS 5085 TAMAMI TR E.  
CITY-ST-ZIP BATABIA IL ☐ DELETE

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP 34110

TITLE AT  
NAME BRECKENRIDGE, ARTHUR  
STREET ADDRESS 5085 TAMAMI TR E.  
CITY-ST-ZIP NAPLES FL ☒ DELETE

6.1 TITLE DS  
6.2 NAME MOSER, PETER ☒ Change ☐ Addition  
6.3 STREET ADDRESS 13140 HAMILTON HARBOUR DR. #F3  
6.4 CITY-ST-ZIP NAPLES FL 34110

14. 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 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: *Renald P. Morani* RENALD P. MORANI 4/18/98 894 8480

CR2E037 (1097)