

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

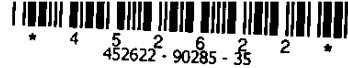
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**DOCUMENT # N45858**

1. Corporation Name

**BERMUDA GREENS COMMONS ASSOCIATION, INC.**



Principal Place of Business

R & P PROPERTY MANAGEMENT  
265 AIRPORT RD S  
NAPLES FL 34104-518  
US

Mailing Address

R & P PROPERTY MANAGEMENT  
265 AIRPORT RD S  
NAPLES FL 34104-518  
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. **10000 10000**

26 Suite, Apt. #, etc.

22 City & State **FL**

27 City & State

23 Zip **34104** Country

28 Zip Country

24 25 26 27 28 29 30

3. Date Incorporated or Qualified

**11/01/1991**

4. FEI Number

**65-0295569**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

R, & P PROPERT  
265 AIRPORT ROAD SOUTH  
NAPLES FL 34104-3518

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

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 **MORANI, RENALD**  
STREET ADDRESS **13100 HAMILTON HARBOUR DR #G1**  
CITY-ST-ZIP **NAPLES FL 34110**

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **DVP** ☒ DELETE  
NAME **DAVISSON, JACK**  
STREET ADDRESS **13100 HAMILTON HARBOUR DR #G7**  
CITY-ST-ZIP **NAPLES FL 34110**

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

☒ Change ☒ Addition

TITLE **DVP** ☐ DELETE  
NAME **BACHTEL, JACK**  
STREET ADDRESS **13060 HAMILTON HARBOUR DR #H7**  
CITY-ST-ZIP **NAPLES FL 34110**

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

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

☒ Change ☐ Addition

TITLE **SD** ☒ DELETE  
NAME **WAYT, ARLENE**  
STREET ADDRESS **5085 TAMIA MI TR E.**  
CITY-ST-ZIP **BATABIA IL 34110**

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☒ Addition

TITLE **DS** ☐ DELETE  
NAME **MOSER, PETER**  
STREET ADDRESS **13140 HAMILTON HARBOUR DR #F3**  
CITY-ST-ZIP **NAPLES FL 34110**

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/23/99**

Daytime Phone #

CR2E037 (1/198)