

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 29, 2001 08:00 AM**
Secretary of State**DOCUMENT # N45858****1. Entity Name**
BERMUDA GREENS COMMONS ASSOCIATION, INC.**Principal Place of Business**
R & P PROPERTY MANAGEMENT
265 AIRPORT RD S
NAPLES FL 34104518 US**Mailing Address**
R & P PROPERTY MANAGEMENT
265 AIRPORT RD S
NAPLES FL 34104518 US**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0295569Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**R & P PROPERTY
265 AIRPORT ROAD SOUTH
NAPLES FL 341043518 USName
CARROLL GLENN
Street Address (P.O. Box Number is Not Acceptable)
265 AIRPORT ROAD SOUTH
City
NAPLES FL Zip Code
341043518**8. 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 GLENN CARROLL****04/29/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing**
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees****Make Check Payable to Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MOSER PETER 13140 HAMILTON HARBOUR DR #F3 NAPLES FL 34110	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP REHM FRANK 1613 BERMUDA GREENE BLVD.,#86 NAPLES FL 34110	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WINO GEORGE 13159 HAMILTON HARBOUR DR., #F12 NAPLES FL 34110	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BACHTEL JACK 13060 HAMILTON HARBOUR DR #H7 NAPLES FL 34110	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SHEFFER KENT 13131 CASTLE HARBOUR #M2 NAPLES FL 34110	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORANI RENALD 13100 HAMILTON HARBOUR DR #G1 NAPLES FL 34110	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SMITHISLER JOE 13101 HAMILTON HARBOUR DR #Q3 NAPLES FL 34110	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CLARKE CHET 13141 HAMILTON HARBOUR DR, P9 NAPLES FL 34110	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WINO GEORGE 13159 HAMILTON HARBOUR DR., #F12 NAPLES FL 34110	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HOLZHAUSER KURT 1651 BERMUDA GREENS BLVD., M-2 NAPLES FL 34110	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**SIGNATURE: RENALD MORANI**

DP

04/29/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)