## **2002 UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # N45858**

1. Entity Name

## BERMUDA GREENS COMMONS ASSOCIATION, INC.

Principal Place of Business

R & P PROPERTY MANAGEMENT 265 AIRPORT RD \$

NAPLES FL 34104-518 US

**Quest Management** 5800 Bonita Beach Road Mailing Address

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

## **Ouest Management**

5800 Bonita Beach Road:

Suite 2107



02-05-2002 90011 014 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

Suite 2107		Desite Carings	EL 24124					
Bonita Springs, Fl 34134 Bonit		Bonita Springs	a Springs, FI 34134		4. FEI Number 65-0295569		<u> </u>	pplied For
		<del></del>			/ 00			ot Applicable
	N2 V	Zip		AZV	5. Certificate of Sta		8.75 Ad ee Require	
	6. Name and Address of C	urrent Registered Ag	gent		7. Name and Addre	ess of New Registered A	gent	
)		-		Name			_	
CARROLL	OLEMN	and the second	÷ • .	Street Addr	ess (P.O. Box Number is N	ot Accentable)		
CARROLL	, GLENN ORT. ROAD SOUTH			Sirosi ridai	555 (F.S. BSX Flatings) 15 13.			
	-L. 34104-3518							
MAI LLO I	L 07107-0010			City		FL	Zip Coo	le
						<u> </u>		
8. The above	e named entity submits this state	ment for the purpose of	of changing its re	gistered office or req	gistered agent, or both, in the	ne state of Florida.		
SIGNATURE			7	·.				
3.0.7.7.0.1L	Signature, typed or printed name of registe	red agent and title if applicable	. (NOTE: Re	egistered Agent signature re	equired when reinstating) ' ' ' '	DATE	湖灣福	H H H H H H
	μ				· ·	2 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (		
fið	FILE NOW: FEE IS \$61.2		. Election Campa	aign Financing	\$5.00 May Be	Make Check		
2.00 MT 1.17		<b>.</b>	Trust Fund Cor	tribution.	Added to Fees	Departmen		
Ìŧ	•							
10.		AND DIRECTORS		11.	ADDITIONS/CHANGE	S TO OFFICERS AND DIR		
TITLE	PD   Morani, renald		☐ Delete	TITLE			☐ Change	☐ Addition
NAME STREET ADDRESS	13100 HAMILTON HARBOL	ID DD #C4		NAME STREET ADDRESS				
CITY-ST-ZIP	NAPLES FL 34110	וטיא אט או		CITY-ST-ZIP				
TITLE	DVP			TITLE			☐ Change	☐ Addition
NAME	SHEFFER, KENT		☐ Delete	NAME				Addition
STREET ADDRESS	13131 CASTLE HARBOUR	#M2		STREET ADDRESS				
CITYST-ZIP	NAPLES FL 34110	, <u>.</u>		CITY-ST-ZIP				
TITLE	DVP		☐ Delete	TITLE			Change	Addition
NAME	HOLZHAUSER, KURT			-NAME		<u>بنیسیب</u> ید		_ =
STREET ADDRESS	1651 BERMUDA GREENS E	BLVD., M-2		STREET ADDRESS				
CITY-ST-ZIP	NAPLES FL 34110			CITY-ST-ZIP				
TITLE	TD		☐ Delete	TITLE			☐ Change	☐ Addition
NAME	WINO, GEORGE			NAME				
STREET ADDRESS	13159 HAMILTON HARBOU	JR DR., #F12		STREET ADDRESS				
CITY-ST-ZIP	NAPLES FL 34110			CITY-ST-ZIP				
TITLE	DVP		☐ Delete	TITLE			☐ Change	☐ Addition
NAME STREET ADDRESS	CLARKE, CHET   13141 HAMILTON HARBOU	ID DD DO		NAME CTREET ADDRESS				
CITY-ST-ZIP	NAPLES FL 34110	את טח, רא		STREET ADDRESS CITY-ST-ZIP				
	DS							
TITLE NAME	SMITHHISLER, JOE		☐ Delete	TITLE NAME			☐ Change	☐ Addition
STREET ADDRESS	13101 HAMILTON HARBOU	IR OR #O3		STREET ADDRESS				
CITY-ST-ZIP	NAPLES FL 34110	AT DIL TUO		CITY-ST-ZIP				
	cortify that the information avanti	and with their filling stands		I	. 0 .: 440.07(0)(!) 51.1			

Interest very making information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). 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 of 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: