


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 19, 2006 8:00 am
Secretary of State

05-19-2006 90030 005 ****61.25

DOCUMENT # N45858 1. Entity Name BERMUDA GREENS COMMONS ASSOCIATION, INC.	
--	---

Principal Place of Business 13136 CASTLE HARBOUR DR NAPLES, FL 34110 US	Mailing Address 13136 CASTLE HARBOUR DR NAPLES, FL 34110 US
---	---

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MORANI, RENALD P
C/O 13136 CASTLE HARBOUR DR
NAPLES, FL 34110

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV HOLZHAUSER, KURT 1651 BERMUDA GREENS BLVD C-4 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP FILLEY, RICHARD 13141 HAMILTON HARBOUR DR P-2 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP DEVITA, JOE 13101 HAMILTON HARBOUR DR Q-10 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MORANI, RENALD P 13100 HAMILTON HARBOUR DR #G-1 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP DOWLING, THOMAS 13180 HAMILTON HARBOUR DR E-09 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD WINO, GEORGE 13159 HAMILTON HARBOUR DR F-12 NAPLES, FL 34110


**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  DATE: 5/20/06 DAYTIME PHONE: _____

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

DOCUMENT # N45858 1. Entity Name BERMUDA GREENS COMMONS ASSOCIATION, INC.					
Principal Place of Business 13136 CASTLE HARBOUR DR NAPLES, FL 34110 US			Mailing Address 13136 CASTLE HARBOUR DR NAPLES, FL 34110 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0295569	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORANI, RENALD P C/O 13136 CASTLE HARBOUR DR NAPLES, FL 34110			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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. I am familiar with, and accept the obligations of registered agent.			SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HOLZHAUSER, KURT 1651 BERMUDA GREENS BLVD C-4 NAPLES, FL 34110	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP FILLEY, RICHARD 13141 HAMILTON HARBOUR DR P-2 NAPLES, FL 34110	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DEVITA, JOE 13101 HAMILTON HARBOUR DR Q-10 NAPLES, FL 34110	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MORANI, RENALD P 13100 HAMILTON HARBOUR DR #G-1 NAPLES, FL 34110	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DOWLING, THOMAS 13180 HAMILTON HARBOUR DR E-09 NAPLES, FL 34110	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TO WINO, GEORGE 13159 HAMILTON HARBOUR DR F-12 NAPLES, FL 34110	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECY. KENT SAEFFER 13131 CASTLE HBR DR #102 NAPLES FL 34110				
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
TREAS., <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					