2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45858

FILED Feb 14, 2007 Secretary of State

Entity Name: BERMUDA GREENS COMMONS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 13136 CASTLE HARBOUR DR NAPLES, FL 34110 **Current Mailing Address: New Mailing Address:** 13136 CASTLE HARBOUR DR NAPLES, FL 34110 FEI Number: 65-0295569 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MORANI, RENALD P C/O 13136 CASTLE HARBOUR DR NAPLES, FL 34110 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete HOLZHAUSER, KURT Name: Name: 1651 BERMUDA GREENS BLVD C-4 Address: Address: City-St-Zip: NAPLES, FL 34110 City-St-Zip: Title: () Delete Title: (X) Change () Addition FILLEY, RICHARD Name: SHEFFER, KENT Name: Address: 13141 HAMILTON HARBOUR DR P-2 Address: 13131 CASTLE HARBOUR DR # M2 City-St-Zip: NAPLES, FL 34110 City-St-Zip: NAPLES, FL 34110 Title: DVP () Delete Title: () Change () Addition DEVITA, JOE Name: Name: 13101 HAMILTON HARBOUR DR Q-10 Address: Address: City-St-Zip: NAPLES, FL 34110 City-St-Zip: Title: DP () Delete Title: () Change () Addition Name: MORANI, RENALD P Name: 13100 HAMILTON HARBOUR DR #G-1 Address: Address: City-St-Zip: NAPLES, FL 34110 City-St-Zip: Title: DVP () Delete Title: () Change () Addition DOWLING, THOMAS Name: Name: 13180 HAMILTON HARBOUR DR E-09 Address: Address: City-St-Zip: NAPLES, FL 34110 City-St-Zip: Title: () Delete Title: () Change () Addition WING GEORGE Name: Name: Address: 13159 HAMILTON HARBOUR DR F-12 Address: NAPLES, FL 34110 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RENALD P MORANI PRES 02/14/2007