
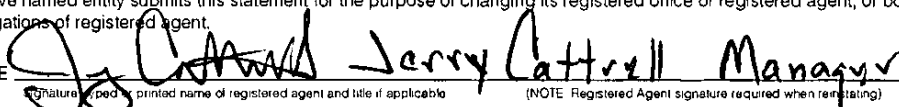



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90154 016 ****61.25

DOCUMENT # N93000003657			
1. Entity Name BERMUDA ISLES II CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business R&P PROPERTY MANAGEMENT 265 AIRPORT RD S NAPLES FL 34104 US		Mailing Address R&P PROPERTY MANAGEMENT 265 AIRPORT RD S NAPLES FL 34104 US	
2. Principal Place of Business 327 EMERALD BAY CR		3. Mailing Address P.O. Box 2411	
Suite, Apt. #, etc. SUITE 5		Suite, Apt. #, etc.	
City & State NAPLES, FL		City & State BONITA SPRINGS, FL	
Zip 34110	Country USA	Zip 34133	Country USA
6. Name and Address of Current Registered Agent R&P PROPERTY MANAGEMENT 265 AIRPORT RD S NAPLES FL 34104		7. Name and Address of New Registered Agent Name CATTRELL, JERRY Street Address (P.O. Box Number is Not Acceptable) 327 EMERALD BAY CR. SUITE 5 City NAPLES FL Zip Code 34110	
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  Jerry Cattrell Manager 4/28/05 (NOTE: Registered Agent signature required when reinstating)			
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GIBBONS, RONALD 3971 LEEWARD PASSAGE CT, #504 BONITA SPRINGS FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3971 LEEWARD PASSAGE CT. #201 DVP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD YOUNGBLOOD, BARBARA 3951 LEEWARD PASSAGE CT. #104 BONITA SPRINGS FL 34134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MCDOWELL, JUIE 3930 LEEWARD PASSAGE CT. #102 BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRY, SHARON 3940 LEEWARD PASS #102 BONITA SPRINGS FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3940 LEEWARD PASSAGE CT. #102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOHNSON, SHARON 3951 LEEWARD PASSAGE CT #102 BONITA SPRINGS FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GASS, IRENE 3951 LEEWARD PASSAGE CT #201 BONITA SPRINGS FL 34134 <input type="checkbox"/> Delete	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"/> Delete	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)(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 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:  IRENE G GASS		4/27/05 237-495-1870	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



1st MOORE CR2E037 (10/04)

4. FEI Number 65-0483062 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GIBBONS, RONALD 3971 LEEWARD PASSAGE CT, #504 BONITA SPRINGS FL 34134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD YOUNGBLOOD, BARBARA 3951 LEEWARD PASSAGE CT. #104 BONITA SPRINGS FL 34134 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRY, SHARON 3940 LEEWARD PASS #102 BONITA SPRINGS FL 34134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOHNSON, SHARON 3951 LEEWARD PASSAGE CT #102 BONITA SPRINGS FL 34134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GASS, IRENE 3951 LEEWARD PASSAGE CT #201 BONITA SPRINGS FL 34134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3971 LEEWARD PASSAGE CT. #201 DVP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MCDOWELL, JUIE 3930 LEEWARD PASSAGE CT. #102 BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3940 LEEWARD PASSAGE CT. #102
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
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SIGNATURE:  IRENE G GASS

4/27/05 237-495-1870

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #