

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90051 022 ****61.25

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1. Entity Name

BERMUDA ISLES II CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**327 EMERALD BAY CR
SUITE 5
NAPLES FL 34110
US**

Mailing Address

**PO BOX 2411
BONITA SPRINGS FL 34133
US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

65-0483062

Applied For

Not Applicable

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

**CATTRELL, JERRY
327 EMERALD BAY CR
SUITE 5
NAPLES FL 34110**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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: DVP
NAME: HERBOLD, JOSEPH ☐ Delete
STREET ADDRESS: 3971 LEEWARD PASSAGE CT SUITE 103
CITY- ST- ZIP: BONITA SPRINGS FL 34134

TITLE: DVP
NAME: FRY, SHARON ☒ Delete
STREET ADDRESS: 3940 LEEWARD PASS #102
CITY- ST- ZIP: BONITA SPRINGS FL 34134

TITLE: DS
NAME: JOHNSON, SHARON ☒ Delete
STREET ADDRESS: 3951 LEEWARD PASSAGE CT #102
CITY- ST- ZIP: BONITA SPRINGS FL 34134

TITLE: DT
NAME: GASS, IRENE ☐ Delete
STREET ADDRESS: 3951 LEEWARD PASSAGE CT #201
CITY- ST- ZIP: BONITA SPRINGS FL 34134

TITLE: DP
NAME: MCDOWELL, JULIE ☐ Delete
STREET ADDRESS: 3930 LEEWARD PASSAGE CT 102
CITY- ST- ZIP: BONITA SPRINGS FL 34134

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY- ST- ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY- ST- ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☒ Addition
NAME: **D SMITH, MARGARET**
STREET ADDRESS: **3930 LEEWARD PASSAGE CT. #103**
CITY- ST- ZIP: **BONITA SPRINGS, FL 34134**

TITLE: ☐ Change ☒ Addition
NAME: **D ARENA, THOMAS**
STREET ADDRESS: **3950 LEEWARD PASSAGE CT. #203**
CITY- ST- ZIP: **BONITA SPRINGS, FL 34134**

TITLE: ☒ Change ☐ Addition
NAME: **DST**
STREET ADDRESS: ☐ Change ☐ Addition
CITY- ST- ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY- ST- ZIP: ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Irene S. Gass
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-07 239-495-1870
Date Daytime Phone #