


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-02-2007 90058 042 ****61.25

DOCUMENT # N93000005709 1. Entity Name BERMUDA CLUB WEST AT THE PLANTATION OWNERS ASSOCIATION, INC.					
Principal Place of Business 899 WOODBRIDGE DR VENICE, FL 34293 US			Mailing Address 899 WOODBRIDGE DR VENICE, FL 34293 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent DOUGLASS, JESSICA ADVANCED MANAGEMENT 899 WOODBRIDGE DR VENICE, FL 34293			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.			4. FEI Number 65-0548317		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2007		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	PD CARBONE, DEBORAH 899 WOODBRIDGE DR VENICE, FL 34293		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BARAN, MICHAEL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BARON, MICHAEL 899 WOODBRIDGE DR VENICE, FL 34293		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD D'OLIVEIRA, BARBARA 899 WOODBRIDGE DRIVE VENICE, FL 34293	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD D'OLIVEIRA, BARBARA 899 WOODBRIDGE DRIVE VENICE, FL 34293		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD D'OLIVEIRA, BARBARA 899 WOODBRIDGE DRIVE VENICE, FL 34293	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD D'OLIVEIRA, BARBARA 899 WOODBRIDGE DRIVE VENICE, FL 34293		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD D'OLIVEIRA, BARBARA 899 WOODBRIDGE DRIVE VENICE, FL 34293	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD D'OLIVEIRA, BARBARA 899 WOODBRIDGE DRIVE VENICE, FL 34293		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD D'OLIVEIRA, BARBARA 899 WOODBRIDGE DRIVE VENICE, FL 34293	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD D'OLIVEIRA, BARBARA 899 WOODBRIDGE DRIVE VENICE, FL 34293		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD D'OLIVEIRA, BARBARA 899 WOODBRIDGE DRIVE VENICE, FL 34293	
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: Michael Baran Michael Baran 3/28/07 941-498-0287 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					