

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005709

FILED
Mar 05, 2009
Secretary of State

Entity Name: BERMUDA CLUB WEST AT THE PLANTATION OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

899 WOODBRIDGE DR
VENICE, FL 34293 US

New Principal Place of Business:

Current Mailing Address:

899 WOODBRIDGE DR
VENICE, FL 34293 US

New Mailing Address:

FEI Number: 65-0548317

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOUGLASS, JESSICA
ADVANCED MANAGEMENT
899 WOODBRIDGE DR
VENICE, FL 34293 US

Name and Address of New Registered Agent:

ADVANCED MANAGEMENT OF SOUTHWEST FLORIDA
899 WOODBRIDGE DR
VENICE, FL 34293 US

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: DOUGLAS E. WILSON

03/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CARBONE, DEBORAH
Address: 899 WOODBRIDGE DR
City-St-Zip: VENICE, FL 34293

Title: VPD () Delete
Name: REPLOGLE, DAVID
Address: 899 WOODBRIDGE DRIVE
City-St-Zip: VENICE, FL 34293

Title: STD () Delete
Name: D'OLIVEIRA, BARBARA
Address: 899 WOODBRIDGE DRIVE
City-St-Zip: VENICE, FL 34293

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: MCCREERY, MICHAEL
Address: 899 WOODBRIDGE DRIVE
City-St-Zip: VENICE, FL 34293

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DEBORAH CARBONE

PD

03/05/2009

Electronic Signature of Signing Officer or Director

Date