FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998 N9400005507 DOCUMENT

BERMUDA CLUB EAST AT THE PLANTATION OWNERS ASSOC IATION, INC. Principal Place of Business Mailing Address 290 COCOANUT AVENUE 290 COCOANUT AVENUE 3. Date Incorporated or Qualified SARASOTA FL 34236 SARASOTA FL 34236 11/07/1994 4. FEI Numbe Applied For 65-0764447 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be 8. Election Campaign Financing 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes ☐ No 23 28 Zin Country Country Zio 8. This corporation owes or has paid the current year intangible Yes 24 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name MUSTARI, RONALD Street Address (P.O. Box Number is Not Acceptable) 290 COCOANUT AVENUE 83 SARASOTA FL 34236 84 City Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. **OFFICERS AND DIRECTORS** 13. Addition DELETE Change TITLE 1.1 1111 6 NAME MUSTARI, RONALD 1.2 NAME CR2E037 888 BLVD OF THE ARTS STREET ADORESS 1.8 STREET ADDRESS SARASOTA FL 34238 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change TITLE 2.1 TITLE Addition MUSTARI, JOANNE 2.2 NAME HAME 888 BLVD OF THE ARTS STREET ADDRESS 2.3 STREET ADDRESS SARASOTA FL 34236 CITY-ST-ZW 2.4 City-ST-ZIP DELETE Change Addition TITLE 31 TITLE LICHTER, DONALD NAME 3.2 NAME 290 COCOANUT AVENUE STREET ADDRESS 3.3 STREET ADDRESS SARASOTA FL 34236 CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE 4.1 TITLE Change Addition TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-2IP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP ■ DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME

14. 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 annual report or supplemental annual 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attachment with an address.

6.9 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY - ST - ZVP

THE CALMEST D

941-954-1181

FILED

May 01 1998 8:00am

Secretary of State