


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90330 028 ****61.25

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DOCUMENT # N94000005507					
1. Entity Name BERMUDA CLUB EAST AT THE PLANTATION OWNERS ASSOCIATION, INC.					
Principal Place of Business ADVANCED MGMT INC 899 WOODBRIDGE DRIVE VENICE, FL 34293			Mailing Address ADVANCED MGMT INC 899 WOODBRIDGE DRIVE VENICE, FL 34293		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 65-0764447				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ADVANCED MANAGEMENT INC 899 WOODBRIDGE DRIVE VENICE, FL 34293			7. Name and Address of New Registered Agent		
			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					

04082004 Chg-NP CR2E037 (10/03)

Filing Fee is \$61.25 Due by May 1, 2004	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
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SPADARO, THOMAS			NAME			
STREET ADDRESS	899 WOODBRIDGE DRIVE			STREET ADDRESS			
CITY-ST-ZIP	VENICE, FL 34293			CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> Delete		TITLE	TD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHLUETERER, III, GEORGE			NAME	SCHLUETERER, III, GEORGE		
STREET ADDRESS	899 WOODBRIDGE DRIVE			STREET ADDRESS	899 Woodbridge Dr.		
CITY-ST-ZIP	VENICE, FL 34293			CITY-ST-ZIP	Venice, FL 34293		
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	SD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SPADARO, BARBARA			NAME	BARBARA SPADARO		
STREET ADDRESS	899 WOODBRIDGE DR.			STREET ADDRESS	899 WOODBRIDGE DR.		
CITY-ST-ZIP	VENICE, FL 34293			CITY-ST-ZIP	VENICE FL 34293		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 indicates 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: *Tom Spadaro* **Thomas Spadaro** **4.29.04** **941-493-0282**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #