## **2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## FILED Apr 14, 2005 8:00 am Secretary of State

DOCUMENT # N9400005507  1. Entity Name BERMUDA CLUB EAST AT THE PLANTATION OWNERS ASSOCIATION, INC.							04-14-2005 90111 045 ****61.25						
Principal Place ADVANCED N 899 WOODBI VENICE, FL	agmt inc Ridge drave	Mailing Address ADVANCED MGMT INC 899 WOODBRIDGE DRIVE VENICE, FL 34293				20033403 							
2. Principal P	lace of Business	3. Mailing Address											
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				04062005	Chg-NP	•	CR2E0	37 (10/03)	•		
City & State		City & State					4. FEI Numbe 65-076				<del> </del>	plied For_ t Applicable	
Zip	Country	Country Zip C		Cou	ntry	5. Certificate of Status Desire					\$8.75 Add Fee Require		
	5. Name and Address of Current	Registered A	gent				7. Name and	Address o	of New R	egistered .			
ADVANCED MANAGEMENT INC					Name		:				270 3		
	DBRIDGE DRIVE					Street Address (P.O. Box Number is Not Acceptable)							
VENICE, F	C 34293												
,		:			City					FL	Zip Cod	e · · •	
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 renstraing)!  OATE													
Filling Feo Is \$61.25 - 9. Election Campaign Financing \$5.00 May Be Make check payable to										DATE			
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ugra	Filing Fee is \$61.25 Due by May 1, 2005			paign Fi ontributi	inancing		\$5.00 May B		Flor	aka chec ida Depar	tment of Si	tate	
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12. Thereby 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 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 an other tike empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED AME OF BOOM