


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90348 003 ****61.25

| | |
|---|---|
| DOCUMENT # N94000005507 1. Entity Name BERMUDA CLUB EAST AT THE PLANTATION OWNERS ASSOCIATION, INC. |  |
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|---|---|
| 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 Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

04052006 Chg-NP CR2E037 (11/05)

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|--------------|------------------------------------|
| City & State | 4. FEI Number 65-0764447 |
|--------------|------------------------------------|

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|----------------|
| Applied For |
| Not Applicable |

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

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|--|--|
| 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | |
|---|--|------------------------------------|
| Filing Fee is \$61.25 Due by May 1, 2006 | 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 | PD SPADARO, THOMAS | TITLE | TD BILL GINN |
| NAME | 899 WOODBRIDGE DRIVE | NAME | 899 WOODBRIDGE DR. |
| STREET ADDRESS | VENICE, FL 34293 | STREET ADDRESS | VENICE FL 34293 |
| CITY-ST-ZIP | <input type="checkbox"/> Delete | CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE | TD SCHLUCTERER, GEORGE III | TITLE | |
| NAME | 899 WOODBRIDGE DRIVE | NAME | |
| STREET ADDRESS | VENICE, FL 34293 | STREET ADDRESS | |
| CITY-ST-ZIP | <input checked="" type="checkbox"/> Delete | CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | SD BARRETT, DONNA | TITLE | |
| NAME | 899 WOODBRIDGE DRIVE | NAME | |
| STREET ADDRESS | VENICE, FL 34293 | STREET ADDRESS | |
| CITY-ST-ZIP | <input type="checkbox"/> Delete | CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | <input type="checkbox"/> Delete | CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | <input type="checkbox"/> Delete | CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 another like empowered.

SIGNATURE: Bill Ginn **BILL GINN, Treasurer** 4.12.06 941.493.0287

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #