

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90025 032 ****61.25



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**

400000



03052007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0764447	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ADVANCED MANAGEMENT INC
899 WOODBRIDGE DRIVE
VENICE, FL 34293**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPADARO, THOMAS 899 WOODBRIDGE DRIVE VENICE, FL 34293
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GINN, BILL 899 WOODBRIDGE DRIVE VENICE, FL 34293
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARRETT, DONNA 899 WOODBRIDGE DRIVE VENICE, FL 34293
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

**DO NOT WRITE
IN THIS SPACE**

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 a power like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**BILL GINN
TREASURER**

3/12/07 941-4930287

Date

Daytime Phone #