

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005507

FILED  
Mar 06, 2009  
Secretary of State

**Entity Name:** BERMUDA CLUB EAST AT THE PLANTATION OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

ADVANCED MGMT INC  
899 WOODBRIDGE DRIVE  
VENICE, FL 34293

**New Principal Place of Business:**

ADVANCED MANAGEMENT OF SW FL INC  
899 WOODBRIDGE DRIVE  
VENICE, FL 34293

**Current Mailing Address:**

ADVANCED MGMT INC  
899 WOODBRIDGE DRIVE  
VENICE, FL 34293

**New Mailing Address:**

ADVANCED MANAGEMENT OF SW FL INC  
899 WOODBRIDGE DRIVE  
VENICE, FL 34293

FEI Number: 65-0764447

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ADVANCED MANAGEMENT INC  
899 WOODBRIDGE DRIVE  
VENICE, FL 34293 US

**Name and Address of New Registered Agent:**

ADVANCED MANAGEMENT OF SW FL INC  
899 WOODBRIDGE DRIVE  
VENICE, FL 34293 US

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.

SIGNATURE: DOUGLAS WILSON

03/06/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SPADARO, THOMAS  
Address: 899 WOODBRIDGE DRIVE  
City-St-Zip: VENICE, FL 34293

Title: TD ( ) Delete  
Name: GINN, BILL  
Address: 899 WOODBRIDGE DRIVE  
City-St-Zip: VENICE, FL 34293

Title: SD ( ) Delete  
Name: BARRETT, DONNA  
Address: 899 WOODBRIDGE DRIVE  
City-St-Zip: VENICE, FL 34293

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILL GINN

TD

03/06/2009

Electronic Signature of Signing Officer or Director

Date