

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002310

FILED
Mar 09, 2009
Secretary of State

Entity Name: BERMUDA GARDENS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O GULF VIEW PROPERTY
STE. 505
NAPLES, FL 34104

New Principal Place of Business:

BERMUDA BAY WAY
BONITA SPRINGS, FL 34134

Current Mailing Address:

2335 9TH ST. N. STE 505
NAPLES, FL 34103

New Mailing Address:

FEI Number: 65-0645064

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GULF VIEW PROPERTY MGMT. INC.
2335 9TH ST. N. STE 505
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: PATTI, SAMUEL
Address: 17 MAYBERNY DR E
City-St-Zip: BUFFALO, NY 14227

Title: PD () Delete
Name: BARTLEY, PAMELA
Address: 28700 BERMUDA BAY WAY # 202
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D () Delete
Name: SCHOLTES, ROBERT
Address: 11023 JORDAN DR.
City-St-Zip: OAK LAWN, IL 60453

Title: VPD () Delete
Name: TERENCE, SHIRLEY
Address: 28760 BERMUDA BAY WAY # 101
City-St-Zip: BONITA SPRINGS, FL 34134

Title: SD () Delete
Name: ST LAURENT, DAVID
Address: 20 REED ST
City-St-Zip: TIVERTON, RI 02878

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PATTI, SAMUEL
Address: 17 MAYBERNY DR E
City-St-Zip: BUFFALO, NY 14227

Title: PD (X) Change () Addition
Name: PERRA, LYLE
Address: 28740 BERMUDA BAY WAY
City-St-Zip: BONITA SPRINGS, FL 34134

Title: SD (X) Change () Addition
Name: SIGNET, DANA
Address: 28720 BERMUDA BAY WAY
City-St-Zip: BONITA SPRINGS, FL 34134

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

Title: TD (X) Change () Addition
Name: ST LAURENT, DAVID
Address: 20 REED ST
City-St-Zip: TIVERTON, RI 02878

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: SHIRLEY TERENCE

VPD

03/09/2009

Electronic Signature of Signing Officer or Director

Date