


FILE NOW: FILING FEE IS \$61.25

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Apr 16, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000002311

1. Corporation Name
BERMUDA COVE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 2190 J & C BOULEVARD NAPLES FL 33942	Mailing Address 1044 CASTELLO DRIVE SUITE #206 NAPLES FL 34103 US
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21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 05/12/1995
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-3401617
23. City & State	27. City & State	Applied For Not Applicable
24. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/>
25. Country	29. Country	\$8.75 Additional Fee Required
30. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent SOUTHWEST PAROPERTY MANAGEMENT 1044 CASTELLO DRIVE SUITE #206 NAPLES FL 34103	10. Name and Address of New Registered Agent
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL 85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIPIETRO, JOSEPH	1.2 NAME	
STREET ADDRESS	575 CLUBSIDE DRIVE #103	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRISON, ROBERT	2.2 NAME	
STREET ADDRESS	585 CLUBSIDE DRIVE #301	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33942	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAUGHLIN, JAMES A	3.2 NAME	
STREET ADDRESS	470 BERMUDA COVE WAY #301	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33942	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, CAROL	4.2 NAME	
STREET ADDRESS	575 CLUBSIDE DRIVE #104	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATTY, RON	5.2 NAME	D O'Connor, Benjamin
STREET ADDRESS	575 CLUBSIDE DRIVE #104	5.3 STREET ADDRESS	480 Bermuda Cove Way #205
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP	Naples, FL
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *R. H. Morrison* DATE: 4/12/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

--CR2E037 (1/1/98)