

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90084 033 ****61.25

DOCUMENT # N95000002311

1. Entity 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 34103-1900
 US

039570



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Southwest Property Management Corp.
 1044 Castello Drive
 Suite 206
 Naples, FL 34103

3. Mailing Address

Suite, Apt. #, etc.

City & State

4. FEI Number

59-3401617

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

Zip

Country

us

Zip

Country

6. Name and Address of Current Registered Agent

SOUTHWEST PAROPERTY MANAGEMENT
 1044 CASTELLO DRIVE
 SUITE #206
 NAPLES FL 34103

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE: **VD** Delete
 NAME: **DIPIETRO, JOSEPH**
 STREET ADDRESS: **575 CLUBSIDE DRIVE #103**
 CITY-ST-ZIP: **NAPLES FL**

TITLE: **PD** Delete
 NAME: **MORRISON, ROBERT**
 STREET ADDRESS: **585 CLUBSIDE DRIVE #301**
 CITY-ST-ZIP: **NAPLES FL 33942**

TITLE: **TD** Delete
 NAME: **LAUGHLIN, JAMES A**
 STREET ADDRESS: **470 BERMUDA COVE WAY #301**
 CITY-ST-ZIP: **NAPLES FL 33942**

TITLE: **SD** Delete
 NAME: **ROBINSON, CAROL**
 STREET ADDRESS: **575 CLUBSIDE DRIVE #104**
 CITY-ST-ZIP: **NAPLES FL**

TITLE: **D** Delete
 NAME: **OCONNOR, BENJAMIN**
 STREET ADDRESS: **480 BERMUDA COVE WAY 205**
 CITY-ST-ZIP: **NAPLES FL**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **PD** Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **VD** Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME: **Rowley, Charles**
 STREET ADDRESS: **585 Clubside Drive #104**
 CITY-ST-ZIP: **Naples, FL**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

12. 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 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 all other like empowered.

SIGNATURE:

Robert Morison
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/00
 Date

941-514-3953
 Daytime Phone #

CR2E037 (9/99)