

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90358 001 \*\*\*\*61.25

**DOCUMENT # N95000002311**

1. Entity Name

**BERMUDA COVE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

SW PROPERTY MGMT. CORP  
 1044 CASTELLO DR  
 NAPLES FL 34103

1044 CASTELLO DRIVE  
 SUITE #206  
 NAPLES FL 34103  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3401617**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE: VD  Change  Addition  
 NAME: Robert Wright  
 STREET ADDRESS: 2228 Heritage Green Drive  
 CITY-ST-ZIP: Naples, FL 34119

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

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

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

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

TITLE: PD  Delete  
 NAME: ROWLEY, CHARLES  
 STREET ADDRESS: 585 CLUBSIDE DR., #104  
 CITY-ST-ZIP: NAPLES FL

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

TITLE: SD  Delete  
 NAME: ROBINSON, CAROL Coral  
 STREET ADDRESS: 575 CLUBSIDE DIRVE # 104  
 CITY-ST-ZIP: NAPLES FL 34110

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

TITLE:  Delete  
 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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 12, 2002

Date

Daytime Phone #

CR2E037 (9/01)