


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90437 007 ****61.25

DOCUMENT # N95000002311
 1. Entity Name
BERMUDA COVE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
SW PROPERTY MGMT. CORP
1044 CASTELLO DR #206
NAPLES, FL 34103

Mailing Address
1044 CASTELLO DRIVE
SUITE #206
NAPLES, FL 34103 US



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03182005 Chg-NP CR2E037 (10/03)

City & State
 Zip Country

4. FEI Number
59-3401617

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
SOUTHWEST PROPERTY 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
 Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PO	<input type="checkbox"/> Delete
NAME	WRIGHT, ROBERT	
STREET ADDRESS	2228 HERITAGE GREEN DR	
CITY-ST-ZIP	NAPLES, FL 34119	
TITLE	D	<input type="checkbox"/> Delete
NAME	HATTY, RON	
STREET ADDRESS	575 CLUBSIDE DR #304	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ROWLEY, CHARLES	
STREET ADDRESS	585 CLUBSIDE DR., #104	
CITY-ST-ZIP	NAPLES, FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ROBINSON, CORAL	
STREET ADDRESS	575 CLUBSIDE DIRVE # 104	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	PO	<input type="checkbox"/> Delete
NAME	DIPIERTO, JOSEPH	
STREET ADDRESS	575 CLUBSIDE DR #103	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, ROBERT	
STREET ADDRESS	2228 HERITAGE GREEN DR	
CITY-ST-ZIP	NAPLES, FL 34119	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATTY, RON	
STREET ADDRESS	575 CLUBSIDE DR #304	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROWLEY, CHARLES	
STREET ADDRESS	585 CLUBSIDE DR., #104	
CITY-ST-ZIP	NAPLES, FL	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT ROSELY	
STREET ADDRESS	480 BERMUDA COVE WAY #301	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	PO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIPIERTO, JOSEPH	
STREET ADDRESS	575 CLUBSIDE DR #103	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 or empowered.

SIGNATURE: Joseph Di Pietro Joseph Di Pietro 4/6/05 5681068
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #