

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 09, 2007
Secretary of State**

DOCUMENT# N95000002311

Entity Name: BERMUDA COVE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

SW PROPERTY MGMT. CORP
1044 CASTELLO DR #206
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

1044 CASTELLO DRIVE
SUITE #206
NAPLES, FL 34103 US

New Mailing Address:

FEI Number: 59-3401617 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOUTHWEST PROPERTY MANAGEMENT
1044 CASTELLO DRIVE
SUITE #206
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: P () Delete
Name: RAFFERTY, ROBERT
Address: 480 BERMUDA COVE WAY, #301
City-St-Zip: NAPLES, FL 34110

Title: V () Delete
Name: REYNOLDS, DOUG
Address: 480 BERMUDA COVE WAY, #102B1
City-St-Zip: NAPLES, FL 34110

Title: TD () Delete
Name: TOUHAENT, EVELYN
Address: 585 CLUBSIDE DR., #204B
City-St-Zip: NAPLES, FL 34110

Title: S () Delete
Name: SWARTZ, MARILYN
Address: 575 CLUBSIDE DR., 104B
City-St-Zip: NAPLES, FL 34110

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D () Change (X) Addition
Name: MCCULLOUGH, JUSTIN
Address: 585 CLUBSIDE DR., #203B
City-St-Zip: NAPLES, FL 34110

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT RAFFERTY

P

03/09/2007

Electronic Signature of Signing Officer or Director

Date