

**2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
Jul 24, 2011  
Secretary of State**

DOCUMENT# N95000002311

**Entity Name:** BERMUDA COVE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**SOUTHWEST PROPERTY MGMT. CORP  
1044 CASTELLO DR #206  
NAPLES, FL 34103**New Principal Place of Business:**COMPASS GROUP PROPERTY MGMT.  
3701 TAMiami TRAIL N  
NAPLES, FL 34103**Current Mailing Address:**1044 CASTELLO DRIVE  
SUITE #206  
NAPLES, FL 34103 US**New Mailing Address:**COMPASS GROUP PROPERTY MGMT.  
3701 TAMiami TRAIL N  
NAPLES, FL 34103**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:**COMPASS GROUP PROPERTY MANAGEMENT  
3701 TAMiami TRAIL N  
NAPLES, FL 34103 US

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: FRANCINE MAMBUCA

07/24/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: RAFFERTY, ROBERT  
Address: 480 BERMUDA COVE WAY, #301  
City-St-Zip: NAPLES, FL 34110

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

Title: D  
Name: RADOSH, PAT  
Address: 480 BERMUDA COVE WAY, #302  
City-St-Zip: NAPLES, FL 34110

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

Title: VP  
Name: WHITELEY, JOHN  
Address: 585 CLUBSIDE DR., #302  
City-St-Zip: NAPLES, FL 34110

I hereby 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 all other like empowered.

SIGNATURE: FRANCINE MAMBUCA

VP

07/24/2011

Electronic Signature of Signing Officer or Director

Date