

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90169 012 ****61.25

0033265

DOCUMENT # N95000002311

1. Entity Name
BERMUDA COVE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**SW PROPERTY MGMT. CORP
1044 CASTELLO DR
NAPLES FL 34103**

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



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
1044 Castello Dr, # 206

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

City & State
NAPLES FL

City & State

4. FEI Number **59-3401617**

Applied For
 Applied For
 Not Applicable

Zip
Country **V**

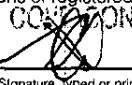
Zip
Country

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 **Southwest Property Management**
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.
BERMUDA COVE CONDOMINIUM ASSOCIATION, INC.

SIGNATURE  DATE

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

SW PROPERTY MGMT. CORP
1044 CASTELLO DRIVE
NAPLES FL 34103

1044 CASTELLO DRIVE
SUITE #206
NAPLES FL 34103

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

Trust Fund Contribution.

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	WRIGHT, ROBERT	
STREET ADDRESS	2228 HERITAGE GREEN DRIVE	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LAUGHLIN, JAMES A	
STREET ADDRESS	470 BERMUDA COVE WAY #301	
CITY-ST-ZIP	NAPLES FL 33942	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ROWLEY, CHARLES	
STREET ADDRESS	585 CLUBSIDE DR., #104	
CITY-ST-ZIP	NAPLES FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROBINSON, CORAL	
STREET ADDRESS	575 CLUBSIDE DRIVE # 104	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2003

TITLE	VD	<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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORRISON, ROBERT	
STREET ADDRESS	585 CLUBSIDE DR., #301	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROWLEY, CHARLES	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIPIETRO, 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 empowered.

SIGNATURE:  DATE: **APR 15/03** 598-1973

(NOTE: Signature and typed or printed name of signing officer or director required)

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CR2E037 (10/02)