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Jun 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N96000001275 (4)**

1. Corporation Name
BERMUDA COVE NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business	Mailing Address
26280 MIRA WAY BONITA SPRINGS FL 33923	1044 CASTELLO DR STE. 206 NAPLES FL 34103 US

3. Date Incorporated or Qualified: 03/07/1996

4. FEI Number: 59-1967835 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business: 21 26335 Augusta Creek
Suite, Apt. #, etc.: 22
City & State: 23 Bonita Springs, FL
Zip: 24 34103 Country: 25 USA

2a. Mailing Address: 26
Suite, Apt. #, etc.: 27
City & State: 28
Zip: 29 Country: 30

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SOUTHWEST PROPERTY MANAGEMENT
1044 CASTELLO DRIVE
STE. 206
NAPLES FL 34103

10. Name and Address of New Registered Agent

81 Name: Peeples, Perry C.
82 Street Address (P.O. Box Number is Not Acceptable): 8889 Pelican Bay Blvd.
83: Suite 300
84 City: Naples, FL 85 Zip Code: 34108

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RUBINTON, JON 800 LAUREL OAK DRIVE, SUITE 400 NAPLES FL 33963	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	26335 Augusta Creek Bonita Springs, FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RUBINTON, GEORGE 800 LAUREL OAK DRIVE, SUITE 400 NAPLES FL 33963	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	26335 Augusta Creek Bonita Springs, FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GARLICK, THOMAS 800 LAUREL OAK DR, SUITE 400 NAPLES FL 33963	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D Planting, Bonnie 26335 Augusta Creek Bonita Springs, FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/97)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bonnie S. Planting 4/1998 941-947-2888