04221999-90138-024-$61.25-$61.25

FILED
Apr 22, 1999 8:00 am
Secretary of State
04-22-1999 90138 024 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N96000001275**

1. Corporation Name
BERMUDA COVE NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business	Mailing Address
26335 AUGUSTA CREEK BONITA SPRINGS FL 34103 US	1044 CASTELLO DR STE. 206 NAPLES FL 34103 US

2. Principal Place of Business 21 1044 Castello Drive	2a. Mailing Address 28	3. Date Incorporated or Qualified 03/07/1996	
Suite, Apt. #, etc. 22 Suite 206	Suite, Apt. #, etc. 27	4. FEI Number 59-1967835	Applied For Not Applicable
City & State 23 Naples, FL	City & State 28	5. Certifcate of Status Desired ☐	$8.75 Additional Fee Required
Zip 24 34103 Country 25 USA	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

PEEPLES, PERRY C
8889 PELICAN BAY BLVD
SUITE 300
NAPLES FL 34108

10. Name and Address of New Registered Agent

81 Name: Southwest Property Management Corp.
82 Street Address (P.O. Box Number is Not Acceptable): 1044 Castello Drive
83 Suite 206
84 City: Naples FL 85 Zip Code: 34103

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: Perry C Peeples DATE: 4/15/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	PD	☐ Change ☐ Addition
NAME	~~RUBINTON, JON~~		1.2 NAME	Ireland, Edwin	
STREET ADDRESS	~~26335 AUGUSTA CREEK~~		1.3 STREET ADDRESS	26191 Isle Way	
CITY-ST-ZIP	~~BONITA SPRINGS FL 33963~~		1.4 CITY-ST-ZIP	Bonita Springs, FL 34134	
TITLE	D	☐ DELETE	2.1 TITLE	DVP	☐ Change ☐ Addition
NAME	~~RUBINTON, GEORGE~~		2.2 NAME	Peterson, Robert H.	
STREET ADDRESS	~~26335 AUGUSTA CREEK~~		2.3 STREET ADDRESS	26220 Isle Way	
CITY-ST-ZIP	~~BONITA SPRINGS FL 33963~~		2.4 CITY-ST-ZIP	Bonita Springs, FL 34134	
TITLE	D	☐ DELETE	3.1 TITLE	DST	☐ Change ☐ Addition
NAME	~~PLANTING, BONNIE~~		3.2 NAME	Ramsdell, Barry	
STREET ADDRESS	~~26335 AUGUSTA CREEK~~		3.3 STREET ADDRESS	26241 Isle Way	
CITY-ST-ZIP	~~BONITA SPRINGS FL 33963~~		3.4 CITY-ST-ZIP	Bonita Springs, FL 34134	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/15/99 (941) 261-3440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E047 (11/98)