2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State
02-17-2004 90018 050 ****61.25

DOCUMENT # N96000001275

1. Entity Name
BERMUDA COVE NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business	Mailing Address
GULF BREEZE MGMT SERVICES OF SW FL, LLC 27725 OLD 41 SUITE 104 BONITA SPRINGS, FL 34135 US	GULF BREEZE MGMT SERVICES OF SW FL, LLC 27725 OLD 41 SUITE 104 BONITA SPRINGS, FL 34135 US

01192004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent

SHIPP, ESTELLE K
GULF BREEZE MGMT SERVICES OF SW FL, LLC
27725 OLD 41 SUITE 104
BONITA SPRINGS, FL 34135

7. Name and Address of New Registered Agent

Name: Weidner, Ralph L.
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.

SIGNATURE: Ralph L Weidner Weidner, Ralph L. 2/10/2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP STUHL, HAROLD 26183 ISLE WAY BONITA SPRINGS, FL 34134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CULBERSON, ROBERT 26160 ISLE WAY BONITA SPRINGS, FL 34134	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D Stith, David 26179 Isle Way Bonita Springs, FL 34134	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD NORDIN, PAUL 26200 ISLE WAY BONITA SPRINGS, FL 34134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Harold Stuhl 2/10/04 (239) 498-7887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Harold Stuhl Date Daytime Phone #