# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 14, 2005 8:00 am**
**Secretary of State**
02-14-2005 90065 023 ****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<br>27725 OLD 41 SUITE 104<br>BONITA SPRINGS, FL 34135 US | GULF BREEZE MGMT SERVICES OF SW FL, LLC<br>27725 OLD 41 SUITE 104<br>BONITA SPRINGS, FL 34135 US |

01062005 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 | 7. Name and Address of New Registered Agent |
|---|---|
| WELDNER, RALPH L<br>GULF BREEZE MGMT SERVICES OF SW FL, LLC<br>27725 OLD 41 SUITE 104<br>BONITA SPRINGS, FL 34135 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $61.25**
**Due by May 1, 2005**

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<br>STUHL, HAROLD<br>26183 ISLE WAY<br>BONITA SPRINGS, FL 34134 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V/D<br>Spane, William<br>26251 Isle Way<br>Bonita Springs, FL 34134 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>STITH, DAVID<br>26179 ISLE WAY<br>BONITA SPRINGS, FL 34134 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P/D | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STD<br>NORDIN, PAUL<br>26200 ISLE WAY<br>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 |
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| 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:** _____ David L. Stith 2/8/05 (239) 949-0239
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

vb