


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2006 8:00 am**  
**Secretary of State**

03-07-2006 90012 009 \*\*\*\*61.25

<b>DOCUMENT # N96000001275</b>	
1. Entity Name <b>BERMUDA COVE NEIGHBORHOOD ASSOCIATION, INC.</b>	

Principal Place of Business <b>GULF BREEZE MGMT SERVICES OF SW FL, LLC 27725 OLD 41 SUITE 104 BONITA SPRINGS, FL 34135 US</b>	Mailing Address <b>GULF BREEZE MGMT SERVICES OF SW FL, LLC 27725 OLD 41 SUITE 104 BONITA SPRINGS, FL 34135 US</b>
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2. Principal Place of Business <b>8910 Terrene Court</b> Suite, Apt. #, etc. <b>Suite 200</b> City & State	3. Mailing Address <b>8910 Terrene Court</b> Suite, Apt. #, etc. <b>Suite 200</b> City & State
Zip	Country



01062006 Chg-NP CR2E037 (11/05)

4. FEI Number <b>59-1967835</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>WELDNER, RALPH L GULF BREEZE MGMT SERVICES OF SW FL, LLC 27725 OLD 41 SUITE 104 BONITA SPRINGS, FL 34135</b>	7. Name and Address of New Registered Agent Name <b>Weidner, Ralph L.</b> Street Address (P.O. Box Number is Not Acceptable) <b>Gulf Breeze Management Services of SW FL, LLC</b> <b>8910 Terrene Court, Suite 200</b> City <b>FL</b> Zip Code
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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 No Change - Just Correcting the Spelling of last name (Weidner)  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SPANE, WILLIAM 26251 ISLE WAY BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STITH, DAVID 26179 ISLE WAY BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NORDIN, PAUL 26200 ISLE WAY BONITA SPRINGS, FL 34134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D Muren, Albin 26207 Isle Way Bonita Springs, FL 34134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Stith **David Stith** 2-21-06 (239) 949-0239  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # yb