

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001275

FILED
Mar 02, 2009
Secretary of State

Entity Name: BERMUDA COVE NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

GULF BREEZE MGMT. SVCS. OF SW FL, LLC
8910 TERRENE COURT, SUITE 200
BONITA SPRINGS, FL 34135 US

New Principal Place of Business:

%GULF BREEZE MGMT. SVCS. OF SW FL, LLC
8910 TERRENE COURT, SUITE 200
BONITA SPRINGS, FL 34135 US

Current Mailing Address:

GULF BREEZE MGMT. SVCS. OF SW FL, LLC
8910 TERRENE COURT, SUITE 200
BONITA SPRINGS, FL 34135 US

New Mailing Address:

%GULF BREEZE MGMT. SVCS. OF SW FL, LLC
8910 TERRENE COURT, SUITE 200
BONITA SPRINGS, FL 34135 US

FEI Number: 59-1967835

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEIDNER, RALPH L
GULF BREEZE MGMT SERVICES OF SW FL, LLC
8910 TERRENE COURT, SUITE 200
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

WEIDNER, RALPH L
%GULF BREEZE MGMT SERVICES OF SW FL, LLC
8910 TERRENE COURT, SUITE 200
BONITA SPRINGS, FL 34135 US

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.

SIGNATURE:

03/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: SCHAAF, RANDY
Address: 26190 ISLE WAY
City-St-Zip: BONITA SPRINGS, FL 34134

Title: V/D () Delete
Name: LUSTENADER, JAMES
Address: 26191 ISLE WAY
City-St-Zip: BONITA SPRINGS, FL 34134

Title: P/D () Delete
Name: MUREN, ALBIN
Address: 26207 ISLE WAY
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: SCHAAF, RANDY
Address: 26190 ISLE WAY
City-St-Zip: BONITA SPRINGS, FL 34134

Title: PD (X) Change () Addition
Name: LUSTENADER, JAMES
Address: 26191 ISLE WAY
City-St-Zip: BONITA SPRINGS, FL 34134

Title: STD (X) Change () Addition
Name: CULBERSON, ROBERT
Address: 26160 ISLE WAY
City-St-Zip: BONITA SPRINGS, FL 34134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES LUSTENADER

PRES

03/02/2009

Electronic Signature of Signing Officer or Director

Date