

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 02 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000004535 (8)**  
1. Corporation Name  
**BERMUDA POINTE ASSOCIATION, INC.**



Principal Place of Business <b>2190 J &amp; C BLVD NAPLES FL 34109</b>	Mailing Address <b>2190 J &amp; C BLVD NAPLES FL 34109</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>08/28/1996</b>	3a. Date of Last Report <b>N/A</b>
21	26	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
City & State	City & State	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23	28	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Zip	Country	24	25
24	25	29	30

**9. Name and Address of Current Registered Agent**

**HARMON, HOLLY A  
4001 TAMiami TRAIL NORTH  
SUITE 220  
NAPLES FL 34103**

**10. Name and Address of New Registered Agent**

81 Name  
**STEVEN J. MULLERSMAN**

82 Street Address (P.O. Box Number is Not Acceptable)  
**2190 J & C BLVD.**

83

84 City  
**NAPLES**

85 Zip Code  
**FL 34109**

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 Steven J. Mullersman **STEVEN J. MULLERSMAN** **3/24/97**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MULLERSMAN, STEVEN J</b>
STREET ADDRESS	<b>2190 J &amp; C BLVD</b>
CITY-ST-ZIP	<b>NAPLES FL 34109</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>OLIVER, KATHRYN T</b>
STREET ADDRESS	<b>2190 J &amp; C BLVD</b>
CITY-ST-ZIP	<b>NAPLES FL 34109</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MASON-BRIGHI, MONICA L</b>
STREET ADDRESS	<b>2190 J &amp; C BLVD</b>
CITY-ST-ZIP	<b>NAPLES FL 34109</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<b>TD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

CR2E037 (9/96)

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