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NONPROFIT CORPORATION ANNUAL REPORT 1999

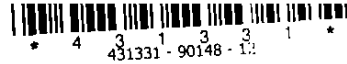


FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000004535

1. Corporation Name

BERMUDA POINTE ASSOCIATION, INC.



Principal Place of Business

2190 J & C BLVD
NAPLES FL 34109

Mailing Address

2190 J & C BLVD
NAPLES FL 34109

2. Principal Place of Business

21 C/o B & P Property Mgmt
265 AIRPORT Rd. S.
NAPLES FL

2a. Mailing Address

26 C/o B & P Property Mgmt
265 AIRPORT Rd S.
NAPLES FL

3. Date Incorporated or Qualified

08/28/1996

4. FEI Number

59-3485147

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

MULLERSMAN, STEVEN J
2190 J & C BLVD
NAPLES FL 34109

10. Name and Address of New Registered Agent

81 Name B & P Property Prop. Mgmt
82 Street Address (P.O. Box Number is Not Acceptable) 265 AIRPORT Rd S.
83
84 City NAPLES FL 85 Zip Code 34104

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

4/23/99

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	PD	<input checked="" type="checkbox"/> DELETE
NAME	MULLERSMAN, STEVEN J	
STREET ADDRESS	2190 J & C BLVD	
CITY-ST-ZIP	NAPLES FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	OLIVER, KATHRYN T	
STREET ADDRESS	2190 J & C BLVD	
CITY-ST-ZIP	NAPLES FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MASON-BRIGHI, MONICA L	
STREET ADDRESS	2190 J & C BLVD	
CITY-ST-ZIP	NAPLES FL	
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	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RICHARD KOSTUCH	
1.3 STREET ADDRESS	28950 BERMUDA POINTE CIRCLE #205	
1.4 CITY-ST-ZIP	BONITA SPRINGS FL 34134	
2.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WILLIAM WHATT	
2.3 STREET ADDRESS	28910 BERMUDA POINTE CIRCLE #101	
2.4 CITY-ST-ZIP	BONITA SPRINGS FL 34134	
3.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PATSY WHEELER	
3.3 STREET ADDRESS	28950 BERMUDA POINTE CIRCLE #102	
3.4 CITY-ST-ZIP	BONITA SPRINGS FL 34104	
4.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	WANDA CLARK	
4.3 STREET ADDRESS	28900 BERMUDA POINTE CIR. #103	
4.4 CITY-ST-ZIP	BONITA SPRINGS FL 34134	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DONALD TORRESON	
5.3 STREET ADDRESS	28910 BERMUDA POINTE CIR. #104	
5.4 CITY-ST-ZIP	BONITA SPRINGS FL 34134	
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 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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Steven J Mullersman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-99 495-5605
Date Daytime Phone #

CRZE037 (11/98)