

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

PG/ux

DOCUMENT # **N96000004535**

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1. Corporation Name

BERMUDA POINTE ASSOCIATION, INC.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

C/O R & P PROPERTY MGMT
 265 AIRPORT RD S
 NAPLES FL 34104
 US

C/O R & P PROPERTY MGMT
 265 AIRPORT RD S
 NAPLES FL 34104
 US



4/12/00 90184 017

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

08/28/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3485147

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	KOSTUCH, RICHARD <i>WILLIAM WYATT</i>	28950 BERMUDA POINTE CIR 295 <i>28910 #101</i>	BONITA SPRINGS FL 34134
PD	WYATT, WILLIAM	28910 BERMUDA POINTE CIR 101	BONITA SPRINGS FL 34134
SD	WHEELER, PATSY	28950 BERMUDA POINTE CIR 102	BONITA SPRINGS FL 34134
DT	BLARK, WANDA <i>JOYCE CLAMENTE</i>	28950 BERMUDA POINTE CIR 100 <i>28910 #201</i>	BONITA SPRINGS FL 34134
D	TORRESON, DONALD <i>DIANE ZARLENGA</i>	28950 BERMUDA POINTE CIR 104 <i>28900 #205</i>	BONITA SPRINGS FL 34134

8. Name and Address of Current Registered Agent

R & P PROPERTY PROP MGMT
 265 AIRPORT RD S
 NAPLES FL 34104

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City
 State Zip Code
FL

CR2E040 (8/00)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0505, F.S.

Signature of Registered Agent

Kathleen Downey
 REGISTERED AGENT MUST SIGN

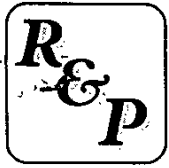
Date *10-19-00*

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Joyce Clemente
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-19-00 (941) 498-2601
 Date Daytime Phone #



Property Management

Rg 2002

October 18, 2000

Department of State
Division of Corporation
P.O. Box 32314

To whom it may concern:

As per our conversation on October 17, 2000, I am submitting this letter to let you know that I did not receive the original document with the cover letter explaining the need for signature. I have made the corrections of the list of Board members and the document is signed.

Thank you for your help. If you need further information please feel free to call me at 941-643-3353.

Sincerely,

Kathleen Downey
Association Manager