

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2001 08:00 AM
Secretary of State

DOCUMENT # N96000004535

1. Entity Name
 BERMUDA POINTE ASSOCIATION, INC.

Principal Place of Business C/O R & P PROPERTY MGMT 265 AIRPORT RD S NAPLES 34104 US	FL	Mailing Address C/O R & P PROPERTY MGMT 265 AIRPORT RD S NAPLES 34104 US	FL
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number
59-3485147

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

SIGNATURE **GLENN CARROLL** DATE **04/28/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	D ZARLENGA DIANE
STREET ADDRESS	28900 BERMUDA POINTE CIR., #205
CITY-ST-ZIP	BONITA SPRINGS FL 34134
TITLE	<input type="checkbox"/> Delete
NAME	DT CLAMENTE JOYCE
STREET ADDRESS	28910 BERMUDA POINTE CIR., #201
CITY-ST-ZIP	BONITA SPRINGS FL 34134
TITLE	<input type="checkbox"/> Delete
NAME	SD WHEELER PATSY
STREET ADDRESS	28950 BERMUDA POINTE CIR 102
CITY-ST-ZIP	BONITA SPRINGS FL 34134
TITLE	<input type="checkbox"/> Delete
NAME	PD WYATT WILLIAM
STREET ADDRESS	28910 BERMUDA POINTE CIR., #101
CITY-ST-ZIP	BONITA SPRINGS FL 34134
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOGOLYA STEVE	
STREET ADDRESS	28910 BERMUDA PT. CIR	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **WILLIAM WYATT** PD 04/28/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (11/00)