

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N96000004535

FILED
Jun 21, 2002 8:00 AM
Secretary of State

Entity Name: BERMUDA POINTE ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3485147 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WYATT, WILLIAM
Address: 28910 BERMUDA POINTE CIR., #101
City-St-Zip: BONITA SPRINGS, FL 34134

Title: SD () Delete
Name: WHEELER, PATSY
Address: 28950 BERMUDA POINTE CIR 102
City-St-Zip: BONITA SPRINGS, FL 34134

Title: DT () Delete
Name: CLAMENTE, JOYCE
Address: 28910 BERMUDA POINTE CIR., #201
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D () Delete
Name: ZARLENGA, DIANE
Address: 28900 BERMUDA POINTE CIR., #205
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D () Delete
Name: GOGOLYA, STEVE
Address: 28910 BERMUDA PT. CIR
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ZARLENGA, DIANE
Address: 18346 MUNN ROAD
City-St-Zip: CHAGRIN FALLS, OH 44023

Title: VPD (X) Change () Addition
Name: GOGOLYA, STEVE
Address: 28910 BERMUDA PT. CIRCLE #2-204
City-St-Zip: BONITA SPRINGS, FL 34134

Title: DT (X) Change () Addition
Name: MENTO, BERYL
Address: 14589 SHENANDOAH
City-St-Zip: RIVERVIEW, MI 48192

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: STEVE GOGOLYA

VPD

06/21/2002

Electronic Signature of Signing Officer or Director

_____ Date