


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2004 8:00 am
Secretary of State

07-13-2004 90004 004 ****61.25

DOCUMENT # N96000004535
 1. Entity Name
BERMUDA POINTE ASSOCIATION, INC.



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

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

66430768



2. Principal Place of Business
28940 Bermuda Pt. Cir.

3. Mailing Address
2335 9th St. No. #505

07072004 Chg-NP CR2E037 (10/03)

City & State
Bonita Springs, FL

City & State
Naples, FL

Zip
34134

Country
USA

Zip
34103

Country
USA

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

7. Name and Address of New Registered Agent
 Name
GULF VIEW PROPERTY MGMT
 Street Address (P.O. Box Number is Not Acceptable)
2335 9th St. No. #505
 City
NAPLES FL Zip Code
34103

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE **7-25-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by September 8, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRIEDMAN, CAROL 28940 BERMUDA POINTE CIRCLE #5-204 BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WHEELER, PATSY 28950 BERMUDA POINTE CIR 102 BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SMITH, DAVE 28950 BERMUDA POINTE CIRCLE #4-101 BONITA SPRINGS, FL 34134	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SONNENBERG, WILLIAM 28930 BERMUDA POINTE CIRCLE #6-101 BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MENTO, BERYL 14589 SHENANDOAH RIVERVIEW, MI 48192	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HELEN KOWALSKI 28900 BERMUDA POINTE CIR. BONITA SPRINGS, FL 34134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Carol Friedman Pres.* Date **7-7-04** 239-403-7991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #