


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000004535 1. Entity Name BERMUDA POINTE ASSOCIATION, INC.	
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Principal Place of Business 28940 BERNUDA PT. CIR. BONITA SPRINGS FL 34134 US	Mailing Address 2335 9TH ST. NO. #505 NAPLES FL 34103 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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1st MOORE CR2E037 (10/05)

4. FEI Number 59-3485147	Applied For <input type="checkbox"/> Not Applied
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GULF VIEW PROPERTY MGMT
2335 9TH ST. NO. #505
NAPLES FL 34103**

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

SIGNATURE _____

Signature (type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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		<input type="checkbox"/> Delete
TITLE	TD	<input type="checkbox"/>
NAME	CLARK, WANDA	
STREET ADDRESS	28900 BERMUDA POINT CIR, #103	
CITY- ST- ZIP	BONITA SPRINGS FL 34134	
TITLE	D	<input type="checkbox"/>
NAME	ZELAZNY, THOMAS	
STREET ADDRESS	1065 CLIFFVIEW DR	
CITY- ST- ZIP	EASTLAKE OH 44095	
TITLE	SD	<input type="checkbox"/>
NAME	KOWALSKI, HELEN	
STREET ADDRESS	28900 BERMUDA POINT CIR, APT 202	
CITY- ST- ZIP	BONITA SPRINGS FL 34134	
TITLE	VD	<input type="checkbox"/>
NAME	SONNENBERG, WILLIAM	
STREET ADDRESS	28930 BERMUDA POINTE CIRCLE #6-101	
CITY- ST- ZIP	BONITA SPRINGS FL 34134	
TITLE	PD	<input type="checkbox"/>
NAME	MENTO, BERYL	
STREET ADDRESS	14589 SHENANDOAH	
CITY- ST- ZIP	RIVERVIEW MI 48192	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Add
TITLE	U00000502890		
NAME			
STREET ADDRESS	04/26/06-80011-005 61.25		
CITY- ST- ZIP			
TITLE	SD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE	PD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY- ST- ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 817, 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 _____ DATE _____