

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004535

FILED
Mar 09, 2009
Secretary of State

Entity Name: BERMUDA POINTE ASSOCIATION, INC.

Current Principal Place of Business:

28940 BERNUDA PT. CIR.
BONITA SPRINGS, FL 34134 US

New Principal Place of Business:

28940 BERMUDA PT. CIR.
BONITA SPRINGS, FL 34134 US

Current Mailing Address:

2335 9TH ST. NO.
#505
NAPLES, FL 34103 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:

GULF VIEW PROPERTY MGMT
2335 9TH ST. NO. #505
NAPLES, FL 34103 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: TD () Delete
Name: CLARK, WANDA
Address: 28900 BERMUDA POINT CIR, #103
City-St-Zip: BONITA SPRINGS, FL 34134

Title: PD () Delete
Name: NORTON, CHARLES
Address: 28940 BERMUDA POINTE CIR., 205
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D () Delete
Name: COLLIER, ROSE
Address: 28910 BERMUDA PT CIR #103
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VD () Delete
Name: SONNENBERG, WILLIAM
Address: 28930 BERMUDA POINTE CIRCLE #6-101
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D (X) Delete
Name: RITTENHOUSE, WILLIAM
Address: 28910 BERMUDA PT CIR #120
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: WHEELER, PATSY
Address: 28940 BERMUDA POINTE CIR
City-St-Zip: BONITA SPRINGS, FL 34134

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

Title: PD (X) Change () Addition
Name: SONNENBERG, WILLIAM
Address: 28930 BERMUDA POINTE CIRCLE #6-101
City-St-Zip: BONITA SPRINGS, FL 34134

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: WANDA CLARK

TD

03/09/2009

Electronic Signature of Signing Officer or Director

_____ Date