

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004535

FILED  
Feb 02, 2011  
Secretary of State

**Entity Name:** BERMUDA POINTE ASSOCIATION, INC.

**Current Principal Place of Business:**

28900-28950 BERMUDA PT. CIR.  
BONITA SPRINGS, FL 34134 US

**New Principal Place of Business:**

**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  
Name: CLARK, WANDA  
Address: 28900 BERMUDA POINT CIR, #103  
City-St-Zip: BONITA SPRINGS, FL 34134

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

Title: D  
Name: MENTO, DOMINIC  
Address: 28940 BERMUDA PT CIR #104  
City-St-Zip: BONITA SPRINGS, FL 34134

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

Title: VPD  
Name: MCGOWEN, TONY  
Address: 28920 BERMUDA POINTE CIR #103  
City-St-Zip: BONITA SPRINGS, FL 34134

I hereby 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 all other like empowered.

SIGNATURE: WANDA CLARK

TD

02/02/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date