

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 07, 2005 8:00 am**  
**Secretary of State**

04-07-2005 90035 024 \*\*\*\*61.25

**DOCUMENT # N97000002639**

1. Entity Name

BERMUDA RIDGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

28700-28760 DIAMOND DR.  
BONITA SPRINGS FL 34134

Mailing Address

2335 9TH ST. N  
STE 505  
NAPLES FL 34103

00004077



1st MOORE CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3485145

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GULF VIEW PROPERTY MGMT. INC  
2335 9TH ST N.  
STE 505  
NAPLES FL 34103

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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	VPD	<input type="checkbox"/> Delete
NAME	PAGE, JERRY	
STREET ADDRESS	28710 DIAMOND DR. #202	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENDRICKS, DOUG	
STREET ADDRESS	28740 DIAMOND DR. #205	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	TD	<input type="checkbox"/> Delete
NAME	O'KANE, ROBERT	
STREET ADDRESS	28760 DIAMOND DRIVE # 105	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CROWLEY, PAUL	
STREET ADDRESS	28750 DIAMOND DRIVE 104	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	IMEMANN, ELKE	
STREET ADDRESS	28720 DIAMOND DRIVE #201	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hendricks, Nancy	
STREET ADDRESS	28740 Diamond Drive #205	
CITY-ST-ZIP	Bonita Springs, FL 34134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Paul H. Crowley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Paul H. Crowley 3-29-05 239403-7991*

Date

Daytime Phone #