

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002639

FILED
Mar 02, 2009
Secretary of State

Entity Name: BERMUDA RIDGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

28700-28760 DIAMOND DR.
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

2335 9TH ST. N
STE 505
NAPLES, FL 34103

New Mailing Address:

FEI Number: 59-3485145 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GULF VIEW PROPERTY MGMT. INC
2335 9TH ST N.
STE 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: PD () Delete
Name: PAGE, JERRY
Address: 28710 DIAMOND DR. #202
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VPD () Delete
Name: HENDRICKS, DOUG
Address: 28740 DIAMOND DR. #205
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D () Delete
Name: TINTES, WALLACE
Address: 23730 DIAMOND DR 102
City-St-Zip: BONITA SPRINGS, FL 34134

Title: TD () Delete
Name: CROWLEY, PAUL
Address: 28750 DIAMOND DRIVE 104
City-St-Zip: BONITA SPRINGS, FL 34134

Title: SD () Delete
Name: HENDRICKS, NANCY
Address: 28740 DIAMOND DR #205
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: KALUZA, CHARLES
Address: 28720 DIAMOND DR.
City-St-Zip: BONITA SPRINGS, FL 34134

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

Title: PD (X) Change () Addition
Name: TINTES, WALLACE
Address: 28730 DIAMOND DR 102
City-St-Zip: BONITA SPRINGS, FL 34134

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

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: PAUL CROWLEY

TD

03/02/2009

Electronic Signature of Signing Officer or Director

_____ Date