


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

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90087 001 ****61.25

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| DOCUMENT # N97000003439 | |  | |
| 1. Entity Name BERMUDA LAGO CONDOMINIUM ASSOCIATION, INC. | | | |
| Principal Place of Business C/O R&P PROPERTY MANAGEMENT 265 AIRPORT ROAD SOUTH NAPLES FL 34104 | | Mailing Address C/O R&P PROPERTY MANAGEMENT 265 AIRPORT ROAD SOUTH NAPLES FL 34104 | |
| 2. Principal Place of Business c/o Meldon Consultants Suite, Apt. #, etc. 800 Harbour Drive, Ste # 7/8 City & State Naples, FL Zip 34103-4451 | | 3. Mailing Address c/o MELDON CONSULTANTS Suite, Apt. #, etc. 800 Harbour Drive, Ste # 7/8 City & State Naples, FL Zip 34103-4451 | |
| Country Collier | | Country Collier | |
| 6. Name and Address of Current Registered Agent CARROLL, GLENN C/O R&P PROPERTY MANAGEMENT 265 AIRPORT ROAD SOUTH NAPLES FL 34104 | | 7. Name and Address of New Registered Agent Name <u>William S. Moore</u> Street Address (P.O. Box Number is Not Acceptable) c/o Meldon Consultants 800 Harbour Drive, Ste # 7/8 City <u>Naples</u> FL Zip Code <u>34103-4451</u> | |
| 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 <u>William S. Moore</u> DATE <u>4/25/05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Make Check Payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HORNE, BRUCE 28881 BERMUDA LAGO CT. BONITA SPRINGS FL 34134 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD GORMLEY, JOSEPH 28861 BERMUDA LAGO CT #801 BONITA SPRINGS FL 34134 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS DEMICO, BETTINA 28851 BERMUDA LAGO CT #301 BONITA SPRINGS, FL 34134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD WOODBURY, GLORIA 28861 BERMUDA LAGO CT. #102 BONITA SPRINGS FL 34134 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MACKERT, OTTO 28871 BERMUDA LAGO CT #104 BONITA SPRINGS FL 34134 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BARDAUSKIS, DANIEL 28851 BERMUDA LAGO CT #105 BONITA SPRINGS FL 34134 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: <u>Gloria S. Woodbury</u> | | SIGNATURE: <u>William S. Moore</u> | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | |
| Date <u>4/27/2005</u> | | Date <u>4/27/2005</u> | |
| Daytime Phone # <u>239-395-1953</u> | | Daytime Phone # <u>239-395-1953</u> | |