

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90340 040 \*\*\*\*61.25

**DOCUMENT # N97000003439**

1. Entity Name

BERMUDA LAGO CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

C/O MELDON CONSULTANTS  
800 HARBOUR DRIVE, STE 7/8  
NAPLES FL 34103-4451

Mailing Address

C/O MELDON CONSULTANTS  
800 HARBOUR DRIVE, STE 7/8  
NAPLES FL 34103-4451



2. Principal Place of Business

4949 Tamiami Trail N, #201

Suite, Apt. #, etc.

3. Mailing Address

4949 Tamiami Trail N, #201

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/05)

City & State

Naples, FL

City & State

Naples, FL

4. FEI Number

59-3469010

Applied For

Not Applicable

Zip

34103-3017

Country

Zip

34103-3017

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOORE, WILLIAM  
C/O MELDON CONSULTANTS  
800 HARBOUR DR STE 7/8  
NAPLES FL 34103-4451

7. Name and Address of New Registered Agent

Name William S. Moore  
Street Address (P.O. Box Number is Not Acceptable)  
Meldon Consultants  
4949 Tamiami Trail N, #201  
City Naples FL Zip Code 34103-3017

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

William S. Moore, William S. Moore

4/4/06

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, 2006**

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 DV  
NAME HORNE, BRUCE ☐ Delete  
STREET ADDRESS 28881 BERMUDA LAGO CT.  
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE DS  
NAME DEMICCO, BETTINA ☐ Delete  
STREET ADDRESS 28851 BERMUDA LAGO CT, #301  
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE TD  
NAME WOODBURY, GLORIA ☐ Delete  
STREET ADDRESS 28861 BERMUDA LAGO CT. #102  
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE D  
NAME MACKERT, OTTO ☒ Delete  
STREET ADDRESS 28871 BERMUDA LAGO CT #104  
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE PD  
NAME BARDAUSKIS, DANIEL ☐ Delete  
STREET ADDRESS 28851 BERMUDA LAGO CT #105  
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME Killingsworth, Tom  
STREET ADDRESS 28871 Bermuda Lago Ct, #202  
CITY-ST-ZIP Bonita Springs, FL 34134

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Gloria Woodbury, Gloria Woodbury

4/4/2006

239-390-1953