## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 23, 2008 8:00 am Secretary of State DOCUMENT # N97000003439 1. Entity Name 04-23-2008 90024 045 \*\*\*\*61.25 BERMUDA LAGO CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 4949 TAMIAMI TRAIL N 4949 TAMIAMI TRAIL N STE 201 NAPLES FL 34103-3017 NAPLES FL 34103-3017 2. Principa: Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apr. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 59-3469010 Not Applicable Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MOORE, WILLIAM Street Address (P.O. Box Number is Not Acceptable) MELDON CONSULTANTS 4949 TAMIAMI TRAIL N #201 NAPLES FL 34103-3017 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 Fioriga. 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 whon reinstating) Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Due By May 1, 2008 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TITLE ☐ Delete Change Ch ☐ Addition HORNE, BRUCE NAME NAME 28881 BERMUDA LAGO CT. STREET ADDRESS 28881 Bermuda Lago C+ # 105 STREET ADDRESS CITY - ST - ZIP BONITA SPRINGS FL 34134 CITY-ST-ZIP DS TOLLE Delete TITLE Change Addition DEMICCO, BETTINA NAME MAME 28851 BREMUDA LAGO CT, #301 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BONITA SPRINGS FL 34134 CITY-ST-ZIP Delete TITLE Change Addition | WOODBURY, GLORIA NAME NAME STREET ADDRESS 28861 BERMUDA LAGO CT. #102 STREET ADDRESS CITY-ST-7IP **BONITA SPRINGS FL 34134** CITY-ST-ZIP THTLE **⊠** Delete TITLE ☐ Change Addition KILLINGSWORTH, TOM NAME Sher, David NAME STREET ADDRESS 28871 BERMUDA LAGO CT #202 STREET ACCRESS 28851 Bermuda Lago C+#104 CITY - ST- ZIP **BONITA SPRINGS FL 34134** CITY-ST-7iP Bonita Springs, FL 34134 PD TITLE ☐ Delete TITLE Change ☐ Addition BARDAUSKIS, DANIEL NAME 28851 BERMUDA LAGO CT #105 STREET ADDRESS STREET ADDRESS **BONITA SPRINGS FL 34134** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ACCRESS

12. Thereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

lain Showdhy, Gloria S. Woodbury

4/2/2008 239-435-0424

FILED