

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003439

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** BERMUDA LAGO CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

4949 TAMIAMI TRAIL N  
STE 201  
NAPLES, FL 341033017

**New Principal Place of Business:**

**Current Mailing Address:**

4949 TAMIAMI TRAIL N  
STE 201  
NAPLES, FL 341033017

**New Mailing Address:**

**FEI Number:** 59-3469010

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MOORE, WILLIAM  
MELDON CONSULTANTS  
4949 TAMIAMI TRAIL N #201  
NAPLES, FL 341033017 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: DV ( ) Delete  
Name: HORNE, BRUCE  
Address: 28881 BERMUDA LOOP CT #105  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: DS ( ) Delete  
Name: DEMICCO, BETTINA  
Address: 28851 BERMUDA LAGO CT, #301  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: TD ( ) Delete  
Name: WOODBURY, GLORIA  
Address: 28861 BERMUDA LAGO CT. #102  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D ( ) Delete  
Name: SHER, DAVID  
Address: 28851 BERMUDA LAGO CT #104  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: PD ( ) Delete  
Name: BARDAUSKIS, DANIEL  
Address: 28851 BERMUDA LAGO CT #105  
City-St-Zip: BONITA SPRINGS, FL 34134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DV (X) Change ( ) Addition  
Name: HORNE, BRUCE  
Address: 28881 BERMUDA LAGO CT #105  
City-St-Zip: BONITA SPRINGS, FL 34134

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

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

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: DANIEL BARDAUSKIS

PD

04/29/2009

Electronic Signature of Signing Officer or Director

Date