


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2008 8:00 am**  
**Secretary of State**

03-20-2008 90032 003 \*\*\*\*61.25

<b>DOCUMENT # N98000000478</b> 1. Entity Name <b>BERMUDA BAY I CONDOMINIUM ASSOCIATION, INC.</b>																																																																																																																											
Principal Place of Business 27800 OLD 41 RD BONITA SPRINGS, FL 34135		Mailing Address 27800 OLD 41 RD BONITA SPRINGS, FL 34135																																																																																																																									
2. Principal Place of Business - No P.O. Box # <b>90 STERLING PROPERTY INC.</b> Suite, Apt. #, etc. <b>SUITE #4</b> <b>27180 BAY LANDING DR.</b> City & State <b>BONITA SPRING</b> Zip <b>34135</b> Country		3. Mailing Address <b>90 STERLING PROPERTY INC.</b> Suite, Apt. #, etc. <b>SUITE #4</b> <b>27180 BAY LANDING DRIVE</b> City & State <b>BONITA SPRING</b> Zip <b>34135</b> Country																																																																																																																									
4. FEI Number <b>59-3581319</b>		Applied For <input type="checkbox"/> Not Applicable																																																																																																																									
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required																																																																																																																									
6. Name and Address of Current Registered Agent  <b>O'GORMAN N, JOHN</b> <b>27800 OLD 41 RD</b> <b>BONITA SPRINGS, FL 34135</b>		7. Name and Address of New Registered Agent Name <b>O'GORMAN, JOHN</b> Street Address (P.O. Box Number is Not Acceptable) <b>90 STERLING PROPERTY SERVICES</b> <b>27180 BAY LANDING DRIVE, SUITE #4</b> City <b>BONITA SPRING</b> FL Zip Code <b>34135</b>																																																																																																																									
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><i>[Signature]</i></u> DATE <b>3/16/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																											
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																																																																																																									
<b>Make check payable to Florida Department of State</b>																																																																																																																											
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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><i>[Signature]</i></u> <b>3-17-08</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																											