2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000478

FILED Mar 20, 2009 Secretary of State

Entity Name: BERMUDA BAY I CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: C/O STERLING PROPERTY SRVS. 27180 BAY LANDING DR STE 4 BONITA SPRINGS, FL 34135 **New Mailing Address: Current Mailing Address:** C/O STERLING PROPERTY SRVS. 27180 BAY LANDING DR STE 4 BONITA SPRINGS, FL 34135 FEI Number: 59-3581319 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: O'GORMAN N, JOHN C/O STERLING PROPERTY SERVICES 27180 BAY LANDING DR STE 4 BONITA SPRINGS, FL 34135 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition GEIGER, LINDA Name: Name: 15425 CEDARWOOD LANE # 307 Address: Address: City-St-Zip: NAPLES, FL 34110 City-St-Zip: Title: () Delete Title: (X) Change () Addition ZEUSLER, DICK Name: WOOD, ROBERT Name: Address: 15425 CEDARWOOD LANE 202 Address: 15435 CEDARWOOD LANE 105 City-St-Zip: NAPLES, FL 34110 City-St-Zip: NAPLES, FL 34110 Title: Title: (X) Change () Addition () Delete MOETTI, BILL MCDONAGH, BRIDGETT Name: Name: 15425 CEDARWOOD LANE #206 15415 CEDARWOOD LANE #104 Address: Address: City-St-Zip: NAPLES, FL 34110 City-St-Zip: NAPLES, FL 34110 Title: DVP () Delete Title: () Change () Addition Name: GARDNER, THOMAS Name: 15425 CEDARWOOD LANE 102 Address: Address: City-St-Zip: NAPLES, FL 34110 City-St-Zip: Title: () Delete Title: () Change () Addition PRICE, JERRY Name: Name: 15425 CEDARWOOD LANE #306 Address: Address: City-St-Zip: NAPLES, FL 34110 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: ROBERT WOOD DP 03/20/2009