

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N98000001066

1. Entity Name
BERMUDA BAY CLUB CONDOMINIUM ASSOCIATION,
INC.



Principal Place of Business
1800 GULF DR. N.
BRADENTON BEACH, FL 34217 US

Mailing Address
P.O. BOX 25
LONGBOAT KEY, FL 34228



01072008 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
65-0901457

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAMELLIA PROPERTIES INC.
1800 GULF DR. N.
BRADENTON BEACH, FL 34217

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000837209
03/04/08-00045-023 61 25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
LYONS, TIMOTHY
1457 GULF DR. N.
BRADENTON BEACH, FL 34217

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KIDD, JOHN JR
1415 GULF DR NORTH
BRADENTON BEACH, FL 34217

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
MARSHALL, ROBERT
108 FRANKLIN STREET
READING, MA 01867

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
ESCH, FRANCIS
9982 FOREST RIDGE DR.
CLARKSTON, MI 48348

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SKERRETT, JOHN
705 SABLE PT. RD.
ALPHARETTA, GA 30004

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

Tim Lyons, Pres

2.19.08