

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001066

FILED  
Feb 26, 2009  
Secretary of State

**Entity Name:** BERMUDA BAY CLUB CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1800 GULF DR. N.  
BRADENTON BEACH, FL 34217 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 25  
LONGBOAT KEY, FL 34228

**New Mailing Address:**

P.O. BOX 15149  
BRADENTON, FL 34280

**FEI Number:** 65-0901457

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CAMELLIA PROPERTIES INC.  
1800 GULF DR. N.  
BRADENTON BEACH, FL 34217 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: PD ( ) Delete  
Name: LYONS, TIMOTHY  
Address: 1457 GULF DR. N.  
City-St-Zip: BRADENTON BEACH, FL 34217

Title: D ( ) Delete  
Name: KIDD, JOHN JR  
Address: 1415 GULF DR NORTH  
City-St-Zip: BRADENTON BEACH, FL 34217

Title: VPD ( ) Delete  
Name: MARSHALL, ROBERT  
Address: 108 FRANKLIN STREET  
City-St-Zip: READING, MA 01867

Title: STD (X) Delete  
Name: ESCH, FRANCIS  
Address: 9982 FOREST RIDGE DR.  
City-St-Zip: CLARKSTON, MI 48348

Title: D (X) Delete  
Name: SKERRETT, JOHN  
Address: 705 SABLE PT. RD.  
City-St-Zip: ALPHARETTA, GA 30004

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

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

Title: VPD (X) Change ( ) Addition  
Name: SKERRETT, RICK  
Address: 1429 GULF DRIVE NORTH  
City-St-Zip: BRADENTON BEACH, FL 34217

Title: STD (X) Change ( ) Addition  
Name: ESCH, FRITZ  
Address: 9982 FOREST RIDGE DRIVE  
City-St-Zip: CLARKSTON, MI 48348

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: TIMOTHY LYONS

P

02/26/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date