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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N98000001068**

1. Corporation Name
BERMUDA BAY CLUB COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
435 10TH AVE. WEST PALMETTO FL 34221	435 10TH AVE. WEST PALMETTO FL 34221

2. Principal Place of Business 21 525 8th St W 22 Suite, Apt. #, etc. 23 City & State: Bradenton Fl 24 Zip: 34205 25 Country: US	2a. Mailing Address 26 525 8th St W 27 Suite, Apt. #, etc. 28 City & State: Bradenton, Fl 29 Zip: 34205 30 Country: US

3. Date Incorporated or Qualified: 02/23/1998

4. FEI Number: 65-0901455 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MAPES, REED W
435 10TH AVE. WEST
PALMETTO FL 34221

10. Name and Address of New Registered Agent

81 Name: REED W MAPES
82 Street Address (P.O. Box Number is Not Acceptable)
83: 525 8th St W
84 City: Bradenton **FL** 85 Zip Code: 34205

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	MAPES, REED W		1.2 NAME	
STREET ADDRESS	435 10TH AVE. WEST		1.3 STREET ADDRESS	525 8th St W
CITY-ST-ZIP	PALMETTO FL 34221		1.4 CITY-ST-ZIP	BRADENTON, FL 34205
TITLE	DST	☐ DELETE	2.1 TITLE	☑ Change ☐ Addition
NAME	SPRINKLE, W. T JR.		2.2 NAME	
STREET ADDRESS	435 10TH AVE. WEST		2.3 STREET ADDRESS	525 8th St W
CITY-ST-ZIP	PALMETTO FL 34221		2.4 CITY-ST-ZIP	BRADENTON, Fl 34205
TITLE	DVP	☐ DELETE	3.1 TITLE	☑ Change ☐ Addition
NAME	WHEALY, THOMAS G		3.2 NAME	
STREET ADDRESS	435 10TH AVE. WEST		3.3 STREET ADDRESS	525 8th St W
CITY-ST-ZIP	PALMETTO FL 34221		3.4 CITY-ST-ZIP	BRADENTON, FL 34205
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED REED MAPES 2/12/99 941-708-3444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #