


FILE NOW: FILING FEE IS \$61.25

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Mar 03, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000001733					
1. Corporation Name BERMUDA BAY CLUB 2 CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 435 10TH AVENUE WEST PALMETTO FL 34221			Mailing Address 435 10TH AVENUE WEST PALMETTO FL 34221		



2. Principal Place of Business 21 525 8th St W Suite, Apt. #, etc. 22		2a. Mailing Address 26 525 8th St W Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 03/23/1998	
City & State 23 Bradenton FL Zip Country 24 34205 25 US		City & State 28 Bradenton FL Zip Country 29 34205 30 US		4. FEI Number Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent MAPES, REED W 435 10TH AVENUE 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAPES, REED W	1.2 NAME	
STREET ADDRESS	435 10TH AVENUE WEST	1.3 STREET ADDRESS	525 8th St W
CITY-ST-ZIP	PALMETTO FL 34221	1.4 CITY-ST-ZIP	BRADENTON, FL 34205
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHEALY, THOMAS G	2.2 NAME	
STREET ADDRESS	435 10TH AVENUE WEST	2.3 STREET ADDRESS	525 8th St W
CITY-ST-ZIP	PALMETTO FL 34221	2.4 CITY-ST-ZIP	BRADENTON, FL 34205
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPRINKLE, W. T. JR.	3.2 NAME	
STREET ADDRESS	435 10TH AVENUE WEST	3.3 STREET ADDRESS	525 8th St W
CITY-ST-ZIP	PALMETTO FL 34221	3.4 CITY-ST-ZIP	BRADENTON, FL 34205
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)