

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90103 016 ****61.25

0066741

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	4. FEI Number Applied For Not Applicable
23 Bradenton Fl City & State 24 34205 25 US Zip Country	28 Bradenton Fl City & State 29 34205 30 US Zip Country	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MAPES, REED W	
STREET ADDRESS	435 10TH AVENUE WEST	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WHEALY, THOMAS G	
STREET ADDRESS	435 10TH AVENUE WEST	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	SPRINKLE, W. T. JR.	
STREET ADDRESS	435 10TH AVENUE WEST	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	525 8th St W
1.4 CITY-ST-ZIP	BRADENTON, FL 34205
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	525 8th St W
2.4 CITY-ST-ZIP	BRADENTON, FL 34205
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	525 8th St W
3.4 CITY-ST-ZIP	BRADENTON, FL 34205
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 2/15/99 941-708-3444
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)