2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001733

1. Entity Name

BERMUDA BAY CLUB 2 CONDOMINIUM ASSOCIATION, INC.



FILED

	e of Business	Mailing Address						
C/O CONDOMINIUM MANAGEMENT INC 1801 GLENGARY STREET SARASOTA FL 34231 US		C/O CONDOMINIUM MANAGEMENT INC 1801 GLENGARY STREET SARASOTA FL 34231 US			III III 1814 894 884 884 884 884 88			
2. Principal P	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 6	4. FEI Number 65-3520539 Applied For Not Applied			
Zip	Country	Zip	Country	5. Certificate of St	tatus Desired	\$8.75 Add	litional	
	6. Name and Address of Current	Registered Agent		7. Name and Add	Iress of New Registered			
			Name					
CONDOM	INITIA MANAGEMENT INC		<u> </u>					
CONDOMINIUM MANAGEMENT INC 1801 GLENGARY STREET			Street Address		(P.O. Box Number is Not Acceptable)			
SARASOTA FL 34231			<u> </u>					
SAMOU	IN FL 34231 3 3							
			City		FL	Zip Cod	ę	
	named entity submits this statement for	the purpose of changing its re	egistered office or	registered agent, or both, in	the State of Florida. I am t	amiliar with,	and accept	
the obligat	tions of registered agent.							
	:							
SIGNATURE .								
	Signature, typed or printed name of registered agent a	no une il applicable. (NOTE:	Hegistered Agent signati	re required when reinstating)	DATE			
· .	FILE NOW: FEE IS \$61.25	9. Election Camp Trust Fund Co		\$5.00 May Be Added to Fees	Make Check Florida Depar			
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10.	OFFICERS AND DIR	ECTOBS						
TITI C			11.	ADDITIONS/CHANG	ES TO OFFICERS AND DIF			
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NAME	BURKE, JAMES J		TITLE NAME	ADDITIONS/CHANG	ES TO OFFICERS AND DI			
NAME STREET ADDRESS	BURKE, JAMES J 1427 GULF DRIVE N		TITLE NAME STREET ADDRESS	ADDITIONS/CHANG	ES TO OFFICERS AND DI			
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12. 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 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 of true see of bowered 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 add risk, with all other like employered.

SIGNATURE: