

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90253 011 ****61.25
08-23-1999 90001 005 ****61.25

DOCUMENT # N98000002006

1. Corporation Name

BERMUDA BAY CLUB 3 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

435 10TH AVENUE WEST
PALMETTO FL 34221

Mailing Address

435 10TH AVENUE WEST
PALMETTO FL 34221

608512 - 90001 - 5 2 *



2. Principal Place of Business

21 **525-8th st west**

2a. Mailing Address

26 **525-8th st w**

3. Date Incorporated or Qualified

04/06/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0933964

Applied For

Not Applicable

City & State

23 **BRADENTON FL**

City & State

28 **BRADENTON FL**

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

24 **34205**

Country

Zip

29 **34205**

Country

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 AVENUE WEST
PALMETTO FL 34221

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
525-8th st west

83

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

7/14/99

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **MAPES, REED W**
STREET ADDRESS **435 10TH AVENUE WEST**
CITY-ST-ZIP **PALMETTO FL 34221**

TITLE **VPD** ☐ DELETE
NAME **WHEALY, THOMAS F**
STREET ADDRESS **435 10TH AVENUE WEST**
CITY-ST-ZIP **PALMETTO FL 34221**

TITLE **STD** ☐ DELETE
NAME **SPRINKLE, W T JR.**
STREET ADDRESS **435 10TH AVENUE WEST**
CITY-ST-ZIP **PALMETTO FL 34221**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **525-8th st west**
1.4 CITY-ST-ZIP **BRADENTON, FL 34205**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **525-8th st west**
2.4 CITY-ST-ZIP **BRADENTON, FL 34205**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **525-8th st west**
3.4 CITY-ST-ZIP **BRADENTON, FL 34205**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/14/99

941-7083444

CR2E037 (5/99)