

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000054

FILED  
Apr 09, 2008  
Secretary of State

Entity Name: BERMUDA BAY CONDOMINIUM ASSOCIATION, INC.

## Current Principal Place of Business:

2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 327795044

## New Principal Place of Business:

## Current Mailing Address:

2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 327795044

## New Mailing Address:

FEI Number: 59-3556735

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HART, JAMES W JR.  
SENTRY MANAGEMENT INC.  
2180 W. SR 434, STE. 5000  
LONGWOOD, FL 32779 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: STD ( ) Delete  
Name: DOWLING, SHARON  
Address: 200 BERMUDA BAY CIR #205  
City-St-Zip: PONTE VEDRA, FL 32082

Title: PD ( ) Delete  
Name: SAUNDERS, SUSAN  
Address: 200 BERMUDA BAY CIR #202  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VPD ( ) Delete  
Name: DURAN, ED  
Address: 100 BERMUDA BAY CIR #107  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition  
Name: DOWLING, SHARON  
Address: 200 BERMUDA BAY CIR #205  
City-St-Zip: PONTE VEDRA, FL 32082

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: DOWLING, SHARON  
Address: 200 BERMUDA BAY CIR #205  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D ( ) Change (X) Addition  
Name: CEFARATTI, JOHN  
Address: 200 BERMUDA BAY CIR #208  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN SAUNDERS

PD

04/09/2008

Electronic Signature of Signing Officer or Director

Date