

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005326

FILED  
Mar 14, 2012  
Secretary of State

**Entity Name:** BERMUDA BAY II CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

6704 LONE OAK BLVD  
NAPLES, FL 34109

**New Principal Place of Business:**

**Current Mailing Address:**

GUARDIAN PROPERTY MANAGEMENT  
6704 LONE OAK BLVD  
NAPLES, FL 34109

**New Mailing Address:**

**FEI Number:** 59-3710724      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GUARDIAN PROPERTY MANAGEMENT  
6704 LONE OAK BLVD  
NAPLES, FL 34109      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: P  
Name: FOREHAND, JOHN  
Address: 15475 CEDARWOOD LANE SUITE 204  
City-St-Zip: NAPLES, FL 34110

Title: VP  
Name: HUELSMANN, RICHARD  
Address: 15525 CEDARWOOD LANE # 101  
City-St-Zip: NAPLES, FL 34110

Title: T  
Name: SOLTIS, PANSY  
Address: 15525 CEDARWOOD LANE # 304  
City-St-Zip: NAPLES, FL 34110

Title: S  
Name: MORRIS, WILLIAM  
Address: 15495 CEDARWOOD LN #107  
City-St-Zip: NAPLES, FL 34110

Title: AS  
Name: THOMPSON, WILLIAM  
Address: 15475 CEDARWOOD LN #201  
City-St-Zip: NAPLES, FL 34110

I hereby 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 all other like empowered.

SIGNATURE: BYRON L ROSS

MGR

03/14/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date