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FILED

Mar 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000007203 (0)

1. Corporation Name
BERMUDA BAY REALTY, INC.

Principal Place of Business
801 LAUREL OAK DR., SUITE 102
NAPLES FL 33963

Mailing Address
801 LAUREL OAK DR., SUITE 102
NAPLES FL 34108-2707



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip 34108

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

01/20/1994

3a. Date of Last Report

06/18/1996

4. FEI Number

59-3227694

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HASTINGS, VIVEN
801 LAUREL OAK DR., SUITE 500
NAPLES FL 33963

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code 34108

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE V ☐ DELETE
NAME WHITNEY, S.R.
STREET ADDRESS 801 LAUREL OAK DRIVE, #500
CITY- ST- ZIP NAPLES FL 33963

TITLE DT ☐ DELETE
NAME CARLSON, A.J.
STREET ADDRESS 801 LAUREL OAK DRIVE, #500
CITY- ST- ZIP NAPLES FL 33963

TITLE DS ☐ DELETE
NAME HASTINGS, V.N.
STREET ADDRESS 801 LAUREL OAK DRIVE, #500
CITY- ST- ZIP NAPLES FL 33963

TITLE PD ☒ DELETE
NAME VALDES, T.M.
STREET ADDRESS 801 LAUREL OAK DR., SUITE 500
CITY- ST- ZIP NAPLES FL 33963

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

11 TITLE ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP NAPLES, FL 34108

21 TITLE ☒ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP NAPLES FL 34108

31 TITLE ☒ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP NAPLES, FL 34108

41 TITLE ☐ Change ☒ Addition
42 NAME D/P
43 STREET ADDRESS DILLON, RONALD
44 CITY- ST- ZIP 801 LAUREL OAK DRIVE, #500
NAPLES FL 34108

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY- ST- ZIP

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed from an attachment with an address.

SIGNATURE: VIVIAN HASTINGS, SECRETARY

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/97

(941) 597-6061

Date

Daytime Phone #

CR2E034 (9/96)