

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000007203 (0)**

1. Corporation Name

**BERMUDA BAY REALTY, INC.**

Principal Place of Business

**24301 WALDEN CENTER DR.  
BONITA SPRINGS FL 34134**

Mailing Address

**24301 WALDEN CENTER DR.  
BONITA SPRINGS FL 34134**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/20/1994**

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 owes or has paid the current year intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HASTINGS, VIVIEN  
801 LAUREL OAK DR., SUITE 500  
NAPLES FL 33983**

81 Name

**Vivien Hastings**

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

**24301 Walden Center Drive**

83

**Suite 300**

84 City

**Bonita Springs**

**FL**

85 Zip Code  
**34134**

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

*Vivien Hastings*

(NOTE: Registered Agent signature required when reinstalling)

DATE

**1/22/98**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WHITNEY, S.R.</b>	
STREET ADDRESS	<b>801 LAUREL OAK DRIVE, #500</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	

1.1 TITLE	<b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Wanda Z. Cross</b>	
1.3 STREET ADDRESS	<b>24301 Walden Center Drive</b>	
1.4 CITY-ST-ZIP	<b>Bonita Springs, FL</b>	

TITLE	<b>DT</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CARLSON, A.J.</b>	
STREET ADDRESS	<b>801 LAUREL OAK DRIVE, #500</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	

2.1 TITLE	<b>DT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Steven C. Adelman</b>	
2.3 STREET ADDRESS	<b>24301 Walden Center Drive</b>	
2.4 CITY-ST-ZIP	<b>Bonita Springs, FL</b>	

TITLE	<b>DS</b>	<input type="checkbox"/> DELETE
NAME	<b>HASTINGS, V.N.</b>	
STREET ADDRESS	<b>801 LAUREL OAK DRIVE, #500</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	

3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	<b>24301 Walden Center Drive</b>	
3.4 CITY-ST-ZIP	<b>Bonita Springs, FL</b>	

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DILLON RONALD</b>	
STREET ADDRESS	<b>801 LAUREL OAK DR., SUITE 500</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**Vivien N. Hastings, Secretary**

SIGNATURE:

*Vivien Hastings*

1/22/98 (941) 947-2600

Date

Daytime Phone #

0411824

CR2E034 (1097)