

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30589

Entity Name: BERMUDA ISLES CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**BERMUDA ISLES CONDO
3941 LEEWARD PASSAGE COURT
BONITA SPRINGS, FL 34134**Current Mailing Address:**GULF VIEW PROPERTY MGMT
2335 TAMIAMI TRAIL NO #505
NAPLES, FL 34103 US**FEI Number:** 65-0125251**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WAGNER, THERESE
GULF VIEW PROPERTY MGMT
2335 TAMIAMI TRAIL NO #505
NAPLES, FL 34103 US*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:** THERESE WAGNER

03/01/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name MERTLBAUER, MARY
Address GUARDIAN PROPERTY
 MANAGEMENT
 6704 LONE OAK BLVD.
City-State-Zip: NAPLES FL 34109

Title VP
Name MULHERAN, KATHY
Address GUARDIAN PROPERTY
 MANAGEMENT
 6704 LONE OAK BLVD.
City-State-Zip: NAPLES FL 34109

Title TREASURER
Name MAGUIRE, CAROLE
Address GUARDIAN PROPERTY
 MANAGEMENT
 6704 LONE OAK BLVD.
City-State-Zip: NAPLES FL 34109

Title SECRETARY
Name MACK, EDWARD
Address GUARDIAN PROPERTY
 MANAGEMENT
 6704 LONE OAK BLVD.
City-State-Zip: NAPLES FL 34109

Title DIRECTOR
Name SCHAROSCH, GERALD
Address GUARDIAN PROPERTY
 MANAGEMENT
 6704 LONE OAK BLVD.
City-State-Zip: NAPLES FL 34109

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: EDWARD MACK**SECRETARY**

03/01/2021

Electronic Signature of Signing Officer/Director Detail

Date