

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000004535

**Entity Name:** BERMUDA POINTE ASSOCIATION, INC.

**Current Principal Place of Business:**

28900-28950 BERMUDA PT. CIR.  
BONITA SPRINGS, FL 34134

**Current Mailing Address:**

2335 9TH ST. NO.  
#505  
NAPLES, FL 34103 US

**FEI Number:** 59-3485147

**Certificate of Status Desired:** No

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

GULF VIEW PROPERTY MGMT  
2335 9TH ST. 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P, PRESIDENT  
Name WHEELER, PATSY  
Address 28950 BERMUDA POINT CIR, #102  
City-State-Zip: BONITA SPRINGS FL 34134

Title SD  
Name MONTEROSSO, CELIA  
Address 28920 BERMUDA POINTE CIR #103  
City-State-Zip: BONITA SPRINGS FL 34134

Title DIRECTOR  
Name MENTO, DOMINIC  
Address 28950 BERMUDA PT CIR #104  
City-State-Zip: BONITA SPRINGS FL 34134

Title TREASURER  
Name SMITH, DAVE  
Address 28950 BERMUDA POINTE CIRCLE #101  
City-State-Zip: BONITA SPRINGS FL 34134

Title VP  
Name MCGOWAN, TONY  
Address 28920 BERMUDA POINTE CIR #102  
City-State-Zip: BONITA SPRINGS, FL 34134

*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:** PATSY WHEELER

**PRESIDENT**

**02/01/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date