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

City-State-Zip: BONITA SPRINGS, FL 34134

Electronic Signature of Signing Officer/Director Detail

SECRETARY

DOCUMENT# N9600004535

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: BERMUDA POINTE ASSOCIATION, INC.

Current Principal Place of Business:

C/O GULFVIEW PROPERTY MANAGEMENT 2335 TAMIAMI TRAIL NORTH#505 NAPLES, FL 34103

Current Mailing Address:

C/O GULFVIEW PROPERTY MANAGEMENT 2335 TAMIAMI TRAIL NORTH#505 NAPLES, FL 34103 US

FEI Number: 59-3485147

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

Officer/Director Detail :

Title	SECRETARY	Title	VP
Name	WHEELER, PATSY	Name	PERRY, KAREN
Address	28950 BERMUDA POINT CIR, #102	Address	28910 BERMUDA POINTE CIR #205
City-State-Zip:	BONITA SPRINGS FL 34134	City-State-Zip:	BONITA SPRINGS FL 34134
Title	DIRECTOR	Title	PRESIDENT
Name	NEFF, BRIAN	Name	SERIE, DAVID
Address	28940 BERMUDA PT CIR 203	Address	28950 BERMUDA POINTE CIRCLE
City-State-Zip:	BONITA SPRINGS FL 34134	City-State-Zip:	BONITA SPRINGS FL 34134
Title	TREASURER		
Name	MCGOWAN, TONY		
Address	28920 BERMUDA POINTE CIR #102		

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

Certificate of Status Desired: No

Date

FILED Feb 06, 2021 Secretary of State

5217510714CC

02/06/2021