

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 714731

(7)

1. Corporation Name

BERMUDA HIGH-SOUTH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

2103 SOUTH OCEAN BLVD.
DELRAY BEACH FL 33483-6469

Mailing Address

2103 SOUTH OCEAN BLVD.
DELRAY BEACH FL 33483-6469

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

3. Date Incorporated or Qualified

06/07/1968

3a. Date of Last Report

03/21/1995

4. FEI Number

59-1230134

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

10. Name and Address of New Registered Agent

MCNAMEE, NANCY H.
2103 S OCEAN BV
DELRAY BEACH FL 33483

81. Name

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

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

(Signature typed or printed name of registered agent and the corporation)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D
GEROSKY, GRACE
STREET ADDRESS
2103 S. OCENA BLVD
CITY-ST-ZIP
DELRAY BEACH FL

TITLE ☒ DELETE

NAME
PD
HAGNAUER, H.W.
STREET ADDRESS
2103 S. OCEAN BLVD
CITY-ST-ZIP
DELRAY BEACH FL

TITLE ☐ DELETE

NAME
TD
KULLGREN, E. M.
STREET ADDRESS
2103 S OCEAN BLVD
CITY-ST-ZIP
DELRAY BEACH FL

TITLE ☐ DELETE

NAME
VP
WILSON, J.J.
STREET ADDRESS
2103 S. OCEAN BLVD
CITY-ST-ZIP
DELRAY BEACH FL

TITLE ☐ DELETE

NAME
S
GOSS, WILLIAM M JR.
STREET ADDRESS
2103 S OCEAN BLVD.
CITY-ST-ZIP
DELRAY BEACH FL

TITLE ☐ DELETE

NAME
THOMAS R. Tabor
STREET ADDRESS
2103 S. Ocean Blvd.
CITY-ST-ZIP
DELRAY BEACH, FL 33483

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas R. Tabor

3-14-96

401-278-5823

3-14-96

Daytime Phone #

0012460

CR2E037 (12/95)