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Mar 24 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 714731 (7)

1. Corporation Name

BERMUDA HIGH-SOUTH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

2103 SOUTH OCEAN BLVD.
DELRAY BEACH FL 33483-6469

2103 SOUTH OCEAN BLVD.
DELRAY BEACH FL 33483-6432

3. Date Incorporated or Qualified
06/07/1968

3a. Date of Last Report
03/28/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

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

9. Name and Address of Current Registered Agent

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME GEROSKY, GRACE
STREET ADDRESS 2103 S. OCEAN BLVD
CITY-ST-ZIP DELRAY BEACH FL

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME WALKER, CHARLES B.
1.3 STREET ADDRESS 2103 S. OCEAN BLVD 3-C
1.4 CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE PD ☐ DELETE
NAME GOSS, WILLIAM M JR
STREET ADDRESS 2103 S. OCEAN BLVD
CITY-ST-ZIP DELRAY BEACH FL 33483

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VD ☒ DELETE
NAME WILSON, J.J.
STREET ADDRESS 2103 S. OCEAN BLVD
CITY-ST-ZIP DELRAY BEACH FL

4.1 TITLE VD ☐ Change ☒ Addition
4.2 NAME KNAPPEN, CHARLES B.
4.3 STREET ADDRESS 2103 S. OCEAN BLVD 2-B&D
4.4 CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE SD ☐ DELETE
NAME TABOR, THOMAS R
STREET ADDRESS 2103 S OCEAN BLVD.
CITY-ST-ZIP DELRAY BEACH FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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

Date

Daytime Phone # 0044853

CR2E037 (9/96)