SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
Jul 22 1998 8:00am
Secretary of State

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 33483-6469

3. Date Incorporated or Qualified: 06/07/1968

4. FEI Number: 59-1230134 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BONFILI, CAROL (NEW MANAGER)
MCNAMEE, NANCY H. ~DELETE
2103 S OCEAN BV
DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent

81 Name: BONFILI, CAROL
82 Street Address (P.O. Box Number is Not Acceptable): SAME
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: Carol Bonfili — DATE: 7/9/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	SD	☐ Change ☐ Addition
NAME	GEROSKY, GRACE		1.2 NAME	WALKER, JOHN	
STREET ADDRESS	2103 S OCEAN BLVD 3-C		1.3 STREET ADDRESS	2103 S. OCEAN BLVD.	
CITY-ST-ZIP	DELRAY BEACH FL		1.4 CITY-ST-ZIP	DELRAY BEACH, FL	
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GOSS, WILLIAM M JR		2.2 NAME		
STREET ADDRESS	2103 S. OCEAN BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33483		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KULLGREN, E. M		3.2 NAME		
STREET ADDRESS	2103 S OCEAN BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		3.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	4.1 TITLE	D	☐ Change ☐ Addition
NAME	KNAPPEN, CHARLES B.		4.2 NAME	BYRON, GORDON	
STREET ADDRESS	2103 S OCEAN BLVD 2-B&D		4.3 STREET ADDRESS	2103 S. OCEAN BLVD.	
CITY-ST-ZIP	DELRAY BEACH FL		4.4 CITY-ST-ZIP	DELRAY BEACH, FL	
TITLE	~~PD~~ VD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	TABOR, THOMAS R		5.2 NAME		
STREET ADDRESS	2103 S OCEAN BLVD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (5/98)

14. I 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: Carol Bonfili — 7/9/98 — 561-278-5823
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #