

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 11, 2002 8:00 am
Secretary of State

06-23-2002 90503 014 ****61.25

DOCUMENT # 714731

1. Entity Name

Bermuda High-South Condominium Assn

38592

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Bermuda High South

3. Mailing Address

2103 S. Ocean Blvd.

Suite, Apt., etc.

Suite, Apt., etc.

DO NOT WRITE IN THIS SPACE

City & State

DeRAY Beach

City & State

Same

4. FEI Number

591230134

Applied For

Not Applicable

Zip

33483

Country

Palm Beach

Zip

Same

Country

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

7. Name and Address of Current Registered Agent

Name Carol Bonfili

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

2103 S. Ocean Blvd.

DeRAY Beach

FL

Zip Code

33483

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IN THIS SPACE

8. 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

Carol Bonfili

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

6-11-02

DATE

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE D> President
NAME Gordon Byron
STREET ADDRESS 2103 S. OCEAN Blvd 5D
CITY-ST-ZIP DeRAY Beach, FL 33483

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D> Vice President
NAME Pete Rihel
STREET ADDRESS 2103 S. OCEAN Blvd 1B
CITY-ST-ZIP DeRAY Beach, FL 33483

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D> Secretary
NAME Cheryl Rockwell
STREET ADDRESS 2103 S. OCEAN Blvd 3-C
CITY-ST-ZIP DeRAY Beach, FL 33483

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D> Treasurer
NAME Mario Benvenuto
STREET ADDRESS 2103 S. OCEAN Blvd 3-B
CITY-ST-ZIP DeRAY Beach, FL 33483

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D> Director
NAME Gordon Nelson
STREET ADDRESS 2103 S OCEAN Blvd 4-C
CITY-ST-ZIP DeRAY Beach, FL 33483

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CR2E037B (12/01)

12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gordon Byron GORDON BYRON PRES. 561-248-5823

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #