## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

21/102

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lower.

SIGNATURE: 💇

## **FILED** Feb 14, 2005 08:00 AM DOCUMENT # 714731 **Secretary of State** 1. Entity Name BERMUDA HIGH-SOUTH CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address BERMUDA HIGH SOUTH DELRAY BEACH FL 33483 .... 2103 SOUTH OCEAN BLVD. DELRAY BEACH FL 33483-6469 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Apt # etc. 1st MOORE CR2E037 (10/04) City & State City & State Applied For 4. FEI Number 59-1230134 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BONFILI, TONY Street Address (P.O. Box Number is Not Acceptable) 2103 S ÓCEAN BLVD. DELRAY BEACH FL 33483 Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when refusiating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. HILE Delete ППЕ \_\_\_ Change ☐ Addition GORDON, BYRON NAME NAME U00000229577 2103 S OCEAN BLVD STREET ADDRESS STREET ADDRESS 02/15/05-80002-015 61.25 DELRAY BEACH FL 33483 CITY - ST - ZIP CLTY-ST-ZIP SD TITLE ☐ Delete TITLE ☐ Change ☐ Addition ROCKWELL, CHERYL NAME MAME 2103 S OCEAN BLVD STREET ADDRESS CIRCET ADORESS DELRAY BEACH FL 33483 CITY-ST-ZIP CHY-ST-ZIP TITLE TITLE Change Delete ☐ Addition NAME RILEY, PETE NAME STREET ADDRESS 2103 S OCEAN BLVD. STREET ADDRESS DELRAY BEACH FL 33483 CITY - ST - ZIP CITY-ST-ZiP DILE ECT (F ☐ Change Delete Addition 🔲 BENVENUTO, MARIO NAME NAMÉ 2103 S OCEAN BLVD. STREET ADDRESS STREET ADDRESS DELRAY BEACH FL 33483 CITY-ST-ZIP CITY-ST-ZIP Defete ☐ Change ☐ Addition NELSON, GORDON NAME NAME 2103 S OCEAN BLVD STREET ADDRESS STREET ADDRESS DELRAY BEACH FL 33483 CITY - ST- ZIP CITY ST-ZIP THLE Detete HHE ☐ Change ☐ Addition NAME NAME SUBJECT ADDRESS STREET ADDRESS CITY - ST - ZIP CHTY-ST-ZIP 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 Block 11 if changed, or on an attaching with an address, with all other like empowered.

B. GORDON BYRON 2/2/05 5-61-278-5823

FFICER OR DIRECTOR

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