

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995



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

APPROVED AND FILED

95 APR 26 AM 7:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04749 (0)
1. Corporation Name
BERMUDA VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
**1001 WYNMOOR CIRCLE
COCONUT CREEK FL 33068
US** **1310 AVENUE OF THE STARS
COCONUT CREEK FL 33066
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/17/1984	3a. Date of Last Report 03/18/1994
4. FBI Number 59-2529273	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 169.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 1310 Avenue of the Stars	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Coconut Creek, FL	City & State 28
Zip 24 33066	Country 25 USA
	Country 30

9. Name and Address of Current Registered Agent
**RAVO, PAT T.
1310 AVENUE OF THE STARS
% WYNMOOR COMMUNITY COUNCIL, INC.
COCONUT CREEK FL 33066**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE V *	NAME LEVINE, JIM	1.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1903 J-1 BERMUDA CIRCLE	CITY-ST-ZIP COCONUT CREEK FL	1.2 NAME Jim Levine	
		1.3 STREET ADDRESS 1903 Bermuda Circle J1	
		1.4 CITY-ST-ZIP Coconut Creek, FL 33066	
TITLE PD	NAME KALSTEIN, SAM	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1904 A-1 BERMUDA CIRCLE	CITY-ST-ZIP COCONUT CREEK FL	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
TITLE AD *	NAME JANOWSKY, MEYER	3.1 TITLE VP-D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1902 A-2 BERMUDA CIRCLE	CITY-ST-ZIP COCONUT CREEK FL	3.2 NAME Meyer Janowsky	
		3.3 STREET ADDRESS 1902 Bermuda Circle A2	
		3.4 CITY-ST-ZIP Coconut Creek, FL 33066	
TITLE AD	NAME SAMUELS, IRVING	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1903 M-1 BERMUDA CIRCLE	CITY-ST-ZIP COCONUT CREEK FL	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE AD	NAME POLTROCK, BILL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1904 H-2 BERMUDA CIR	CITY-ST-ZIP COCONUT CREEK FL	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE	NAME VP-D	6.1 TITLE Saul Taylor	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	
		6.3 STREET ADDRESS 1901 Bermuda Circle J1	
		6.4 CITY-ST-ZIP Coconut Creek, FL 33066	

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 110.07(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: **Sam Kalstein** *Samuel Kalstein* **1/18/94** **971-4640**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NOLTEIA

S
Jack Schleider
1905 Bimini Circle J4
Coconut Creek, FL 33066