

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N04749 (0)

1. Corporation Name

BERMUDA VILLAGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**1310 AVENUE OF THE STARS
COCONUT CREEK FL 33066
US**

**1310 AVENUE OF THE STARS
COCONUT CREEK FL 33066
US**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/17/1984

3a. Date of Last Report

04/26/1995

4. FEI Number

59-2529273

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

**RAVO, PAT T.
1310 AVENUE OF THE STARS
% WYNMOOR COMMUNITY COUNCIL, INC.
COCONUT CREEK FL 33066**

10. Name and Address of New Registered Agent

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 617.1503, 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 re-registering)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	LEVINE, JIM	
STREET ADDRESS	1903 J-1 BERMUDA CIRCLE	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KALSTEIN, SAM	
STREET ADDRESS	1904 A-1 BERMUDA CIRCLE	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	JANOWSKY, MEYER	
STREET ADDRESS	1902 BERMUDA CIRCLE A2	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	AD	<input type="checkbox"/> DELETE
NAME	SAMUELS, IRVING	
STREET ADDRESS	1903 M-1 BERMUDA CIRCLE	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	AD	<input type="checkbox"/> DELETE
NAME	POLTROCK, BILL	
STREET ADDRESS	1904 H-2 BERMUDA CIR	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	TAYLOR, SAUL	
STREET ADDRESS	1901 BERMUDA CIRCLE J1	
CITY-ST-ZIP	COCONUT CREEK FL	

1.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Stanley Fuchs	
1.3 STREET ADDRESS	1903 Bermuda Circle, Apt K-3	
1.4 CITY-ST-ZIP	Coconut Creek, FL 33066	
2.1 TITLE	S/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Jack Schleider	
2.3 STREET ADDRESS	1905 Bermuda Circle, Apt. J-4	
2.4 CITY-ST-ZIP	Coconut Creek, FL 33066	
3.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	V/P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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:

Irving Samuels

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/96

Date:

(954) 968-2527

Daytime Phone #

CR2E037 (12/95)