


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 21 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N04749 (0)**  
 1. Corporation Name  
**BERMUDA VILLAGE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>1310 AVENUE OF THE STARS COCONUT CREEK FL 33066 US</b>	Mailing Address <b>1310 AVENUE OF THE STARS COCONUT CREEK FL 33066 US</b>
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3. Date Incorporated or Qualified  
**08/17/1984**

4. FEI Number <b>59-2529273</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
	Country <b>30</b>

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

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

10. Name and Address of New Registered Agent

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>FL</b> <b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FOCHS, STANLEY</b>	1.2 NAME	<i>Stanley Fuchs</i>
STREET ADDRESS	<b>1903 BERMUDA CIRCLE APT K-3</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>COCONUT CREEK FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZEIEN, BOB</b>	2.2 NAME	
STREET ADDRESS	<b>1905 BERMUDA CIRCLE, APT C-4</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>COCONUT CREEK FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WASSERMAN, SID</b>	3.2 NAME	
STREET ADDRESS	<b>1902 BERMUDA CIRCLE, APT L-4</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>COCONUT CREEK FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>AD</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAMUELS, IRVING</b>	4.2 NAME	
STREET ADDRESS	<b>1903 M-1 BERMUDA CIRCLE</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>COCONUT CREEK FL</b>	4.4 CITY - ST - ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POLTROCK, BILL</b>	5.2 NAME	<i>Bill Poltrock</i>
STREET ADDRESS	<b>1904 H-2 BERMUDA CIR</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>COCONUT CREEK FL</b>	5.4 CITY - ST - ZIP	
TITLE	<b>VPD</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TAYLOR, SAUL</b>	6.2 NAME	<i>Sidney Miller</i>
STREET ADDRESS	<b>1901 BERMUDA CIRCLE J1</b>	6.3 STREET ADDRESS	<i>1901 Bermuda Circle, Apt. J-4</i>
CITY - ST - ZIP	<b>COCONUT CREEK FL</b>	6.4 CITY - ST - ZIP	<i>Coconut Creek, FL 33066</i>

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: *Bill Poltrock* *Bill Poltrock* *3/2/98* *(954) 9782600*

CR2E037 (10/97)