

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # N04749**

1. Entity Name

**BERMUDA VILLAGE CONDOMINIUM ASSOCIATION, INC.**

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90009 001 \*2,695.00

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 33066-1485 US</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-2529273</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**RAVO, PAT T.**  
**1310 AVENUE OF THE STARS**  
**% WYNMOOR COMMUNITY COUNCIL, INC.**  
**COCONUT CREEK FL 33068**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** 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.

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

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

**9.** Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>FUCHS, STANLEY</b> <b>1903 BERMUDA CIRCLE APT K-3</b> <b>COCONUT CREEK FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>ZEIEN, BOB</b> <b>1905 BERMUDA CIRCLE, APT C-4</b> <b>COCONUT CREEK FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WASSERMAN, SID</b> <b>1902 BERMUDA CIRCLE, APT L-4</b> <b>COCONUT CREEK FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>POLTROCK, BILL</b> <b>1904 H-2 BERMUDA CIR</b> <b>COCONUT CREEK FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MILLER, SIDNEY</b> <b>1901 BERMUDA CIRCLE APT J4</b> <b>COCONUT CREEK FL 33066</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <i>Bert Neuner</i> <i>1902 Bermuda Circle, Apt. C-3</i> <i>Coconut Creek, FL 33066</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <i>Harry Konel</i> <i>1901 Bermuda Circle, Apt B-3</i> <i>Coconut Creek, FL 33066</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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 attachment with an address, with all other like empowered.

**SIGNATURE:** *Bill Poltrock* **REQUIRIB/D Poltrock** 3/10/00 (454) 978-2600  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)