2001 UNIFORM BUSINESS REPORT (UBR)

03-26-2001 90157 001 *2,695.00

DOCUMENT # N04749

1. Entity 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

FILED

01 MAR 26 AM 10: 16

SECRETARY OF STATE
TALLAHASSEE FLORIDA

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number	59-2529273	Applied For
				Not Applicable

Zip	Country	Zip	Country	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
	Name

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

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 _____

Signature, typed or printed name of registered agent and title if applicable.   (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	TD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	FUCHS, STANLEY		NAME		
STREET ADDRESS	1903 BERMUDA CIRCLE APT K-3		STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK FL		CITY-ST-ZIP		
TITLE	VD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	ZEIEN, BOB		NAME		
STREET ADDRESS	1905 BERMUDA CIRCLE, APT C-4		STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK FL		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	NEUNER, BERT		NAME		
STREET ADDRESS	1902 BERMUDA CIRCLE APT C3		STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK FL		CITY-ST-ZIP		
TITLE	PD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	POLTROCK, BILL		NAME		
STREET ADDRESS	1904 H-2 BERMUDA CIR		STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK FL		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	KONEL, HARRY		NAME		
STREET ADDRESS	1901 BERMUDA CIRCLE APT B3		STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK FL 33066		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-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 attachment with an address, with all other like empowered.

SIGNATURE: _SIGNATURE BLOCKED_ *Bill Poltrock* 1/23/01 (954) 978-2600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E037 (10/00)