

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04749

FILED
Apr 09, 2009
Secretary of State

Entity Name: BERMUDA VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1310 AVENUE OF THE STARS
COCONUT CREEK, FL 33066 US

New Principal Place of Business:

Current Mailing Address:

1310 AVENUE OF THE STARS
COCONUT CREEK, FL 33066 US

New Mailing Address:

FEI Number: 59-2529273 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRUCE BANDLER
1310 AVENUE OF THE STARS
COCONUT CREEK, FL 33066 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: FUCHS, STANLEY
Address: 1903 BERMUDA CIRCLE APT K-3
City-St-Zip: COCONUT CREEK, FL 33066

Title: D () Delete
Name: BORRE, FRANCIS
Address: 1905 BERMUDA CIRCLE, APT E-4
City-St-Zip: COCONUT CREEK, FL 33066

Title: D () Delete
Name: FREVER, WILLIAM
Address: 1902 BERMUDA CIRCLE APT G-4
City-St-Zip: COCONUT CREEK, FL 33066

Title: PD () Delete
Name: POLTROCK, BILL
Address: 1904 BERMUDA CIRCLE, APT H-2
City-St-Zip: COCONUT CREEK, FL 33066

Title: D () Delete
Name: KENIG, MANNY
Address: 1901 BERMUDA CIRCLE K-4
City-St-Zip: COCONUT CREEK, FL 33066

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GOLER, LEE
Address: 1901 BERMUDA CIRCLE E2
City-St-Zip: COCONUT CREEK, FL 33066

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILL POLTROCK

P

04/09/2009

Electronic Signature of Signing Officer or Director

_____ Date