

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04749

FILED  
Mar 29, 2010  
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  
Name: FUCHS, STANLEY  
Address: 1903 BERMUDA CIRCLE APT K-3  
City-St-Zip: COCONUT CREEK, FL 33066

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: BILL POLTROCK

P

03/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date