

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 11, 1999 8:00 am
Secretary of State

08-11-1999 90018 004 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

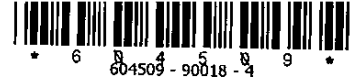
DOCUMENT # N17937

1. Corporation Name

BERMUDA ISLES AT BOCA RIO HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business
 1002 SHERBROOKE ST. WEST
 STE. 2600
 MONTREAL, QUEBEC H3A -3L6
 CA

Mailing Address
 C/O LIONAL GOLDMAN
 625. BOUL. RENE-LEVESQUE QUEST.BUREAU 1600
 MONTREAL, QUEBEC H3B -1R2
 CA



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
11/24/1986

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-2741683

Applied For
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip 25 Country

29 Zip 30 Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORP SYSTEM
 1200 SOUTH PINE ISLAND RD
 PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** DELETE
 NAME **RAYMOND, JAMES D**
 STREET ADDRESS **1002 SHERBROOKE ST. WEST, STE. 2600**
 CITY-ST-ZIP **MONTREAL, QUEBEC H3A -3L6**

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE **D** DELETE
 NAME **RAYMOND, JOHN**
 STREET ADDRESS **1002 SHERBROOKE ST. WEST, STE. 2600**
 CITY-ST-ZIP **MONTREAL, QUEBEC H3A -3L6**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE **STD** DELETE
 NAME **MALDOFF, CHARLES**
 STREET ADDRESS **1155 RENE LEVESQUE, STE. 2500**
 CITY-ST-ZIP **MONTREAL, QUEBEC H3B -2K4**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature of Charles Maldoff

July 20/99

514 393 8246

Date

Daytime Phone #

CR2E037 (5/99)