## **2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N17937  1. Entity Name								
BERMUDÁ ISL	es at boca rio ho	MEOWNERS ASSOCI	ATION					
Principal Place of Business		Mailing Address						
1002 SHERBROOKE ST. WEST		C/O LIONAL GOLDMAN. 625 BOUL						
STE. 2600		RENE-LEVESQUE QUEST BUREAU 1600						
MONTREAL. QUEBEC H3A -3L6		MONTREAL. QUEBEC H3B -1R2						
CA		CA						
2. Principal Place of Business		3. Mailing Address						
8400 E. Prentice Avenue		8400 E. Prentice Avenue						
Suite, Apt. #, etc.		Suite, Apt. # etc.						
Suite 735		Suite 735						
City & State Englewood, Colorado		City & State Englewood, Colorado						
Zip	Country	Zip	Country					
80111	USA	80111	USA					

## FILED Apr 30, 2001 8:00 am Secretary of State 04-30-2001 90102 043 \*\*\*\*61.25

CA		CA		1 120 11 12 12 12 12 12 12 12 12 12 12 12 12			
	ace of Business Prentice Avenue	3. Mailing Address 8400 E. Prentic	e Avenue				
Suite Apt. 5 Suite 7	#.etc. 3.5	Suite, Apt. #, etc. Suite 735		DO NOT WRI	TE IN THIS SPA	ACE	
City & State Englewoo	ed, Colorado	City & State Englewood, Colo	orado	4. FEI Number 59-2741683		_ <del>                                    </del>	oplied For ot Applicable
Zip 80111	Country USA	Zip <b>80</b> 111	Country USA	5. Certificate of Status Desired		3.75 Add	litional
	6. Name and Address of Current R	egistered Agent		7. Name and Address of New F	Registered Ag	ent	
			Name				
	ITH PINE ISLAND RD		Street Ad	dress (P.O. Box Number is Not Acceptabl	e)		
PLANTATIO	ON FL 33324						
			City		FL	Zip Cod	е
8. The above	named entity submits this statement for	the purpose of changing its re	enistered office or	egistered agent, or both, in the state of Flo		l	
	The state of the s	and parpoos of orlanging its to	ogistored office of	egistered agent, or both, in the state of Fi	Jilua.		
SIGNATURE _							
	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE: F	Registered Agent signatur	e required when reinstating)	DATE		
-							
	FILE NOW:	9. Election Campaign F	inancing	\$5.00 May Be Mak	e Check Pa	vable to	3
	FEE IS \$61.25	Trust Fund Contribut	ion.		pariment o		
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10.	OFFICERS AND DIRI	ECTORS	11.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRE	CTORS IN	J 10
1	DD.						
TITLE	PD MANUEL D	X Delete		PD		Change	☐ Addition
NAME	RAYMOND, JAMES D		NAME	PD Steven M. Leaffer	2	_ `	Addition
NAME STREET ADDRESS	RAYMOND, JAMES D 1002 SHERBROOKE ST. WEST, S		NAME STREET ADDRESS	PD Steven M. Leaffer 8400 E. Prentice Avenu	e, Suite	_ `	☐ Addition
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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:

Keith M. Pockross

4/25/01

Date

303-291-2721

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #