

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90102 043 ****61.25

0098890

DOCUMENT # N17937

1. Entity Name

BERMUDA ISLES AT BOCA RIO HOMEOWNERS ASSOCIATION

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

8400 E. Prentice Avenue

Suite, Apt. #, etc.
 Suite 735

City & State
 Englewood, Colorado

Zip
 80111

Country
 USA

3. Mailing Address

8400 E. Prentice Avenue

Suite, Apt. #, etc.
 Suite 735

City & State
 Englewood, Colorado

Zip
 80111

Country
 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2741683

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CT CORP SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

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

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD RAYMOND, JAMES D 1002 SHERBROOKE ST. WEST, STE. 2600 MONTREAL, QUEBEC H3A -3L6 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RAYMOND, JOHN 1002 SHERBROOKE ST. WEST, STE. 2600 MONTREAL, QUEBEC H3A -3L6 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD MALDOFF, CHARLES 1155 RENE LEVESQUE, STE. 2500 MONTREAL, QUEBEC H3B -2K4 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Steven M. Leaffer 8400 E. Prentice Avenue, Suite 735 Englewood, Colorado 80111 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Michael A. Feiner 3600 South Yosemite Street, Suite 1000 Denver, Colorado 80237 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD William S. O'Connell 500 Victory Road North Quincy, Massachusetts 02171 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S Keith M. Pockross 633 17th Street, Suite 2000 Denver, Colorado 80202 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

303-291-2721

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)