2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N17937

FILED Oct 31, 2005 Secretary of State

Entity Name: BERMUDA ISLES AT BOCA RIO HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

% 200 S BISCAYNE BLVD 8207 SEVERN DRIVE SUITE 4000 BOCA RATON, FL 33433 MIAMI, FL 33131

Current Mailing Address: New Mailing Address:

% 200 S BISCAYNE BLVD 8207 SEVERN DRIVE SUITE 4000 BOCA RATON, FL 33433 MIAMI, FL 33131

FEI Number: 59-2741683 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORPORATE INTERNATIONAL REGISTERED AGENTS 200 SOUTH BISCAYNE BOULEVARD SUITE 4000

MIAMI, FL 33131 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,

SUITE 3400

MIAMI, FL 33131 US

PATRICIA KIMBALL FLETCHER, P.A.

200 SOUTH BISCAYNE BOULEVARD

in the State of Florida.

SIGNATURE: PATRICIA KIMBALL FLETCHER, ESQ. 10/31/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

LEAFFER, STEVEN A ROMANO, JEANETTE Name: Name: 8181 E TUFTS AVE, STE 510 Address: 8207 SEVERN DRIVE Address: BOCA RATON, FL 33433 City-St-Zip: DENVER, CO 80237 City-St-Zip:

Title: (X) Delete Title: () Change () Addition

FEINER, MICHAEL A Name: Name: Address: 200 SPRUCE ST. SUITE 200 Address: City-St-Zip: DENVER, CO 80237 City-St-Zip:

Title: (X) Delete Title: () Change () Addition

O'CONNELL, WILLIAMS S Name: Name: 500 VICTORY ROAD Address: Address: City-St-Zip: QUINCY, MA 02171 City-St-Zip:

Title: (X) Delete Title: () Change () Addition

POCKROSS, KEITH M Name: Name: Address: 1200 17TH STREET, STE 2400 Address: City-St-Zip: DENVER, CO 80202 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JEANETTE ROMANO PD 10/31/2005