

2000 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
May 11, 2000 8:00 am
Secretary of State

03-15-2000 90141 012 ****61.25

DOCUMENT # **N97000005792**
 1. Entity Name
BERMUDA DUNES VILLAGE
NEIGHBORHOOD ASSOC, INC.

Principal Place of Business Mailing Address
5980 WINSTON TRLS BLVD 5980 WINSTON TRLS BLVD
LAKE WORTH, FL 33463 LAKE WORTH, FL 33463

2. Principal Place of Business 3. Mailing Address
5980 WINSTON TRLS BLVD 5980 WINSTON TRLS BLVD
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
LAKE WORTH, FL LAKE WORTH, FL
 Zip Country Zip Country
33463 P.B.C. 33463 P.B.C.

4. FEI Number Applied For
650833203 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

M.M.I.
1860 OLD OKEECHOBEE RD
W.P.B., FL 33409

7. Name and Address of New Registered Agent

Name **KEN ARNESEN**
 Street Address (P.O. Box Number is Not Acceptable)
5980 WINSTON TRLS BLVD
 City **LAKE WORTH** FL Zip Code **33463**

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]* (NOTE: Registered Agent signature required when reinstating) DATE **3/9/00**

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	P-D	☐ Delete
NAME	ROBERT HUSEMAN	
STREET ADDRESS	5980 WINSTON TRLS BLVD	
CITY-ST-ZIP	LAKE WORTH, FL 33463	
TITLE	VP-D	☐ Delete
NAME	GORDON STEINBERG	
STREET ADDRESS	5980 WINSTON TRLS BLVD	
CITY-ST-ZIP	LAKE WORTH, FL 33463	
TITLE	2ND VP-D	☐ Delete
NAME	WAYNE ANDERSON	
STREET ADDRESS	5980 WINSTON TRLS BLVD	
CITY-ST-ZIP	LAKE WORTH, FL 33463	
TITLE	SECT-D	☐ Delete
NAME	BARBARA MATHIAS	
STREET ADDRESS	5980 WINSTON TRLS BLVD	
CITY-ST-ZIP	LAKE WORTH, FL 33463	
TITLE	TREA-D	☐ Delete
NAME	KAREN KLEINMAN	
STREET ADDRESS	5980 WINSTON TRLS BLVD	
CITY-ST-ZIP	LAKE WORTH, FL 33463	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Barbara Mathias* 3/8/00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)