

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709906

Entity Name: BERMUDA HIGH CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**2075 SO OCEAN BLVD.
DELRAY BEACH, FL 33483-6451**Current Mailing Address:**C/O GATES MANAGEMENT SERVICES
P.O. BOX 2568
BOCA RATON, FL 33427**FEI Number:** 59-1145300**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GELFAND, MICHAEL J
C/O GELFAND & ARPE, P.A.
1555 PALM BEACH LAKES BLVD, SUITE 1220
WEST PALM BEACH, FL 33401-2329 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	ERENSEN, GEORGE
Address	319 ORCHARD ST
City-State-Zip:	GREENWICH CT 06830

Title	SD
Name	SMITH, LINDA
Address	43 OLD FARM ROAD
City-State-Zip:	DARIEN CT 06820

Title	VD
Name	RENO, JOHN F
Address	31 PROSPECT ST
City-State-Zip:	WINCHESTER MA 01890

Title	D
Name	HAGER, WILLIAM D
Address	2075 S. OCEAN BLVD. # 3-D
City-State-Zip:	DELRAY BEACH FL 33483

Title	TD
Name	PAINTER, SHARON
Address	2075 S. OCEAN BLVD. #3C
City-State-Zip:	DELRAY BEACH FL 33483

I hereby 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 all other like empowered.

SIGNATURE: SHARON PAINTER**TREASURER****02/21/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date