## 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005792

Entity Name: BERMUDA DUNES VILLAGE NEIGHBORHOOD ASSOCIATION,

INC.

, 5

Apr 01, 2019 Secretary of State 2647288579CC

**FILED** 

## **Current Principal Place of Business:**

5980 WINSTON TRAILS BLVD LAKE WORTH, FL 33463

## **Current Mailing Address:**

5980 WINSTON TRAILS BLVD LAKE WORTH, FL 33463 US

FEI Number: 65-0833203 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

ASSOCIATED CORPORATE SERVICES 6111 BROKEN SOUND PARKWAY NW SUITE 200 BOCA RATON, FL 33487 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: LOUIS CAPLAN 04/01/2019

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT Title VP

Name GUCCIARDI, STEVE Name FRISCIA, VINCE

Address 5980 WINSTON TRAILS BLVD Address 5980 WINSTON TRAILS BLVD

City-State-Zip: LAKE WORTH FL 33463 City-State-Zip: LAKE WORTH FL 33463

Title TREASURER, SECRETARY Title DIRECTOR

Name LUCUS, CHRIS Name BARBALACO, GIOVANNI

Address 5980 WINSTON TRAILS BLVD Address 5980 WINSTON TRAILS BLVD

City-State-Zip: LAKE WORTH FL 33463 City-State-Zip: LAKE WORTH FL 33463

Title DIRECTOR

Name PALINO, ARTHUR

Address 5980 WINSTON TRAILS BLVD

City-State-Zip: LAKE WORTH FL 33463

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: STEVE GUCCIARDI PRESIDENT 04/01/2019