


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90158 039 \*\*\*\*61.25

<b>DOCUMENT # 707368</b> 1. Entity Name <b>BERMUDA RIVIERA ASSOCIATION INC</b>					
Principal Place of Business <b>P O BOX 11593</b> <b>CORAL RIDGE STATION</b> <b>FT LAUDERDALE, FL 33339 US</b>			Mailing Address <b>P O BOX 11593</b> <b>CORAL RIDGE STATION</b> <b>FT LAUDERDALE, FL 33339 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0038603</b>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>MARKUS, MARILYN K TREASUR</b> <b>3 FORT ROYAL ISLE</b> <b>FORT LAUDERDALE, FL 33308</b>			Name <b>MARGRET L. NEWELL</b> Street Address (P.O. Box Number is Not Acceptable) <b>3351 NE 38 STREET</b> City <b>FORT LAUDERDALE FL</b> Zip Code <b>33308</b>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Margret L. Newell</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>			DATE <b>4/21/06</b>		
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIERRA, JOSE JR MD		NAME	MEG CAIRNS	
STREET ADDRESS	3301 NE 38TH ST		STREET ADDRESS	3711 NE 34 AVE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308		CITY-ST-ZIP	FORT LAUDERDALE, FL 33308	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARKUS, MARILYN K		NAME	MARGRET L. NEWELL	
STREET ADDRESS	3 FORT ROYAL ISLE		STREET ADDRESS	3351 NE 38 ST	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308		CITY-ST-ZIP	FORT LAUDERDALE, FL 33308	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KANE, CHERYL		NAME		
STREET ADDRESS	3124 NE 40TH COURT		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHAIKIN, ALLEN J		NAME	JOHN HOLMES	
STREET ADDRESS	42 FORTH ROYAL ISLE		STREET ADDRESS	3811 NE 34 AVE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308		CITY-ST-ZIP	FORT LAUDERDALE, FL 33308	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FREI, RUDY MD		NAME		
STREET ADDRESS	23 FORT ROYAL ISLE		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIPIETRO, MEL		NAME		
STREET ADDRESS	3116 NE 40TH CT		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Mel DiPietro</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			PRESIDENT <b>MEL DIPIETRO</b>		
			Date <b>4/21/06</b>		
			Daytime Phone # <b>954.564.1723</b>		

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