

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707368

FILED
Apr 06, 2009
Secretary of State

Entity Name: BERMUDA RIVIERA ASSOCIATION INC

Current Principal Place of Business:

BERMUDA RIVIERA SUBDIVISION
FT LAUDERDALE, FL 33308 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 11593
CORAL RIDGE STATION
FT LAUDERDALE, FL 33339 US

New Mailing Address:

FEI Number: 65-0038603 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

NEWELL, MARGRET L
3351 NE 38TH ST
FORT LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: S,D () Delete
Name: CAIRNS, MEG
Address: 3711 NE 34TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: TD () Delete
Name: NEWELL, MARGRET L
Address: 3351 NE 38TH ST
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: D () Delete
Name: KANE, CHERYL
Address: 3124 NE 40TH COURT
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: D () Delete
Name: HOLMES, JOHN
Address: 3811 NE 34TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: VPD () Delete
Name: FREI, RUDY MD
Address: 23 FORT ROYAL ISLE
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: PD () Delete
Name: DIPIETRO, MEL
Address: 3116 NE 40TH CT
City-St-Zip: FORT LAUDERDALE, FL 33308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: CAIRNS, MEG
Address: 3711 NE 34TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MARGRET L NEWELL

TD

04/06/2009

Electronic Signature of Signing Officer or Director

Date