

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 714731

1. Entity Name

BERMUDA HIGH-SOUTH CONDOMINIUM ASSOCIATION, INC.



**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

Principal Place of Business

BERMUDA HIGH SOUTH  
DELRAY BEACH FL 33483

Mailing Address

2103 SOUTH OCEAN BLVD.  
DELRAY BEACH FL 33483-6469



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1st MOORE CR2E037 (10/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1230134

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BONFILI, TONY  
2103 S OCEAN BLVD.  
DELRAY BEACH FL 33483

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME PETE, RILEY  
STREET ADDRESS 2103 S OCEAN BLVD  
CITY-STATE-ZIP DELRAY BEACH FL 33483

TITLE ☐ Delete  
NAME SD  
STREET ADDRESS HACNAUVER, TED  
CITY-STATE-ZIP 2103 S OCEAN BLVD  
DELRAY BEACH FL 33483

TITLE ☐ Delete  
NAME VP  
STREET ADDRESS GORDON, NELSON  
CITY-STATE-ZIP 2103 S OCEAN BLVD.  
DELRAY BEACH FL 33483

TITLE ☐ Delete  
NAME T  
STREET ADDRESS BENVENUTO, MARIO  
CITY-STATE-ZIP 2103 S OCEAN BLVD.  
DELRAY BEACH FL 33483

TITLE ☐ Delete  
NAME D  
STREET ADDRESS ROCKWELL, BRUCE  
CITY-STATE-ZIP 2103 S OCEAN BLVD  
DELRAY BEACH FL 33483

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 000000624013  
CITY-STATE-ZIP 02/14/07-80013-023 61.25

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

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Jed Hagman, Sec.

2-1-07 561-278-5823

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #