

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (A3)

FILED
Mar 14, 2005 8:00 am
Secretary of State

02-16-2005 90049 014 ****61.25

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1st MOORE CR2E037 (10/04)

DOCUMENT # 731749 1. Entity Name BERMUDA HOUSE OF GULFSTREAM CONDOMINIUM, INC.					
Principal Place of Business C/O CHARLES F LLOYD 3860 BERMUDA LANE APT 5 GULFSTREAM FL 33483			Mailing Address C/O CHARLES F LLOYD 3860 BERMUDA LANE APT 5 GULFSTREAM FL 33483		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number <div style="border: 1px solid black; padding: 2px; text-align: center;">NO-T APPLICABLE</div> <div style="border: 1px solid black; padding: 2px; font-size: small;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent <div style="border: 1px solid black; padding: 5px;"> THISTLE, (J.JEFFERY) 30 SE 4TH AVE DELRAY BEACH FL 33483 </div>	
7. Name and Address of New Registered Agent <div style="border: 1px solid black; padding: 2px;"> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____ </div>					
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 <u>Charles F. Lloyd Jr.</u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW - FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLAIR, GEORGE M 3860 BERMUDA LANE APT 8 GULF STREAM FL 33483	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDS LLOYD, CHARLES F 3860 BERMUDA LANE APT 5 GULF STREAM FL 33483	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUNETTE, ROBERT G 3860 BERMUDA LANE #4 GULFSTREAM FL 33483	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. MICHAEL D. JOHNSON 3860 BERMUDA LANE APT 3 GULF STREAM, FL 33483	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Charles F. Lloyd Jr.</u>			Date: <u>3/8/05</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					