2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# 731749

Entity Name: BERMUDA HOUSE OF GULFSTREAM CONDOMINIUM, INC.

Current Principal Place of Business:

C/O CHARLES F LLOYD
3860 BERMUDA LANE APT 5
GULFSTREAM, FL 33483

New Principal Place of Business:

C/O BARBARA M SLOAN
3860 BERMUDA LANE APT 4
GULFSTREAM, FL 33483

Current Mailing Address:

BERMUDA HOUSE
3860 BERMUDA LANE
GULFSTREAM, FL 33483

New Mailing Address:

C/O BARBARA M SLOAN
3860 BERMUDA LANE APT 4
GULFSTREAM, FL 33483

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THISTLE, (J.JEFFERY)
30 SE 4TH AVE
DELRAY BEACH, FL 33483 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: D ( ) Delete
Name: BLAIR, GEORGE M
Address: 3860 BERMUDA LANE APT 8
City-St-Zip: DELRAY BEACH, FL 33483

Title: TDS ( ) Delete
Name: LLOYD, CHARLES F,
Address: 3860 BERMUDA LANE APT 5
City-St-Zip: DELRAY BEACH, FL 33483

Title: VP ( ) Delete
Name: JOHNSON, MICHAEL D
Address: 3860 BERMUDA LANE APT 3
City-St-Zip: GULFSTREAM, FL 33483

Title: P ( ) Delete
Name: SLOAN, BARBARA M
Address: 3860 BERMUDA LANE APT 4
City-St-Zip: GULF STREAM, FL 33483

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change ( ) Addition
Name: LLOYD, CHARLES F,
Address: 3860 BERMUDA LANE APT 5
City-St-Zip: DELRAY BEACH, FL 33483

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

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

Title: S ( ) Change (X) Addition
Name: JOHNSON, GISELE
Address: 3860 BERMUDA LANE APT 3
City-St-Zip: GULF STREAM, FL 33483

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: BARBARA M SLOAN P 01/07/2009

Electronic Signature of Signing Officer or Director — Date