

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01005

FILED
Apr 24, 2006
Secretary of State

Entity Name: BERMUDA TERRACE PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

19292 CARIBBEAN CT
TEQUESTA, FL 33469 US

New Principal Place of Business:

4932 BIMINI ROAD
TEQUESTA, FL 33469 US

Current Mailing Address:

PO BOX 3616
TEQUESTA, FL 33469 US

New Mailing Address:

FEI Number: 59-2359357 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SWARTZ, TERI
19292 CARIBBEAN CT
TEQUESTA, FL 33469 US

Name and Address of New Registered Agent:

BURNICK, MICHAEL
4932 BIMINI ROAD
TEQUESTA, FL 33469 US

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: MICHAEL BURNICK

04/24/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: MURRELL, DONNIE
Address: 19332 GULFSTREAM DR
City-St-Zip: TEQUESTA, FL 33469

Title: VD () Delete
Name: LELAND, EDWIN
Address: 4835 BIMINI RD
City-St-Zip: TEQUESTA, FL 33469

Title: VD () Delete
Name: BURNICK, MICHAEL
Address: P. O. BOX 3616
City-St-Zip: TEQUESTA, FL 33469

Title: TD () Delete
Name: SWARTZ, TERI S
Address: 19292 CARIBBEAN CT
City-St-Zip: TEQUESTA, FL 33469

Title: D () Delete
Name: RESCH, HANK
Address: 19325 GULFSTREAM DR.
City-St-Zip: TEQUESTA, FL 33469

Title: VD () Delete
Name: FINN, CHARLES
Address: 19244
City-St-Zip: TEQUESTA, FL 33469

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: () Change () Addition
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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 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: MICHAEL BURNICK

VD

04/24/2006

Electronic Signature of Signing Officer or Director

Date