

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000009273

1. Entity Name
**BERMUDA PARK EAST CONDOMINIUM ASSOCIATION,
INC.**



Principal Place of Business
**186 HILLSIDE DRIVE
ONEONTA, NY 13820**

Mailing Address
**186 HILLSIDE DRIVE
ONEONTA, NY 13820**



01072006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2146034

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BURDEN, FRANCIS
3788 WILDERNESS WAY
CORAL SPRINGS, FL 33065**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
EMANUEL, RICHARD
186 HILLSIDE DRIVE
ONEONTA, NY 13820**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSTD
BURDEN, FRANCIS
186 HILLSIDE DRIVE
ONEONTA, NY 13820**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ST. LOUIS, PHILLIP
4701 NORTH FEDERAL HIGHWAY SUITE 330 A-12
LIGHTHOUSE POINT, FL 33064**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000515448
04/29/06-80209-024 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/06

Date

607-455-0533

Daytime Phone #