2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# N04000009273

Entity Name: BERMUDA PARK EAST CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

186 HILLSIDE DRIVE
ONEONTA, NY 13820

New Principal Place of Business:

Current Mailing Address:

186 HILLSIDE DRIVE
ONEONTA, NY 13820

New Mailing Address:

FEI Number: 20-2146034 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

BURDEN, FRANCIS
445 COUNTRY HOLLOW CT
B-203
NAPLES, FL 34104 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: FRANCIS G. BURDEN 04/09/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: EMANUEL, RICHARD
Address: 186 HILLSIDE DRIVE
City-St-Zip: ONEONTA, NY 13820

Title: VSTD ( ) Delete
Name: BURDEN, FRANCIS
Address: 186 HILLSIDE DRIVE
City-St-Zip: ONEONTA, NY 13820

Title: D ( ) Delete
Name: ST. LOUIS, PHILLIP
Address: 4701 NORTH FEDERAL HIGHWAY SUITE 330 A-12
City-St-Zip: LIGHTHOUSE POINT, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VSTD (X) Change ( ) Addition
Name: BURDEN, FRANCIS
Address: 445 COUNTRY HOLLOW CT. B-203
City-St-Zip: ONEONTA, NY 13820

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

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: FRANCIS G. BURDEN VSTD 04/09/2009
Electronic Signature of Signing Officer or Director Date