2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04749

FILED Apr 15, 2005 Secretary of State

Entity Name: BERMUDA VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1310 AVENUE OF THE STARS COCONUT CREEK, FL 33066 US **Current Mailing Address: New Mailing Address:** 1310 AVENUE OF THE STARS COCONUT CREEK, FL 33066 US FEI Number: 59-2529273 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RAVO, PAT T 1310 AVENUE OF THE STARS % WYNMOOR COMMUNITY COUNCIL, INC. COCONUT CREEK, FL 33066 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: VPD () Delete () Change () Addition FUCHS, STANLEY Name: Name: 1903 BERMUDA CIRCLE APT K-3 Address: Address: City-St-Zip: COCONUT CREEK, FL 33066 City-St-Zip: Title: VPD Title: (X) Change () Addition () Delete ZEIEN, BOB Name: BORRE, FRANCIS Name: Address: 1905 BERMUDA CIRCLE, APT C-4 Address: 1905 BERMUDA CIRCLE, APT E-4 City-St-Zip: COCONUT CREEK, FL 33066 City-St-Zip: COCONUT CREEK, FL 33066 Title: () Delete Title: DS (X) Change () Addition NEUNER, BERT NEUNER, BERT Name: Name: 1902 BERMUDA CIRCLE APT C-3 1902 BERMUDA CIRCLE APT C-3 Address: Address: City-St-Zip: COCONUT CREEK, FL 33066 City-St-Zip: COCONUT CREEK, FL 33066 Title: PD () Delete Title: () Change () Addition Name: POLTROCK, BILL Name: 1904 BERMUDA CIRCLE, APT H-2 Address: Address: City-St-Zip: COCONUT CREEK, FL 33066 City-St-Zip: Title: () Delete Title: (X) Change () Addition RATTNER, DAVID KENIG, MANNY Name: Name: 1901 BERMUDA CIRCLE B-4 1901 BERMUDA CIRCLE K-4 Address: Address: City-St-Zip: COCONUT CREEK, FL 33066 City-St-Zip: COCONUT CREEK, FL 33066

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BILL POLTROCK PD 04/15/2005