


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 13, 2007 8:00 am
Secretary of State

08-13-2007 90021 049 ****70.00

DOCUMENT # N06000003352			
1. Entity Name BERMUDA DUNES PRIVATE RESIDENCES CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 7380 WESTPOINTE BLVD ORLANDO, FL 32835		Mailing Address 7380 WESTPOINTE BLVD ORLANDO, FL 32835	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVE SUITE 3000 MIAMI, FL 33131		Name Robert L. Taylor	
		Street Address (P.O. Box Number is Not Acceptable) Taylor & Carls, P.A.	
		850 Concourse Pkwy., S., Ste. 105	
		City Maitland	FL Zip Code 32751
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 Robert L. Taylor		DATE 7/5/07	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD <input type="checkbox"/> Delete	NAME FARINACCI, JOSEPH	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 38651 FLORENCE DR	CITY-ST-ZIP WILLOUGHBY HILLS, OH 44094	NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
TITLE VPD <input type="checkbox"/> Delete	NAME BOS, HANS	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 4320 N JEFFERSON AVE	CITY-ST-ZIP MIAMI BEACH, FL 33410	NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
TITLE TSD <input type="checkbox"/> Delete	NAME WASHBURN, CONSTANCE	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 745 MAJORCA AVE	CITY-ST-ZIP CORAL GABLES, FL 33135	NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	



07052007 Chg-NP CR2E037 (12/06)

4. FEI Number 56-2571660 Applied For Not Applicable

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

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

DATE 7/17/07

Daytime Phone #