

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 02, 2008 08:00 AM**  
**Secretary of State**

**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**



05132008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **56-2571660** Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**TAYLOR, ROBERT L  
 TAYLOR & CARLS, P.A.  
 850 CONCOURSE PKWY S STE 105  
 MAITLAND, FL 32751**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25  
 Due by September 12, 2008**

9. Election Campaign Financing:  **\$5.00 May Be Added to Fees**  
Trust Fund Contribution

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	FARINACCI, JOSEPH
STREET ADDRESS	38651 FLORENCE DR
CITY-ST-ZIP	WILLOUGHBY HILLS, OH 44094
TITLE	VPD
NAME	BOS, HANS
STREET ADDRESS	4320 N JEFFERSON AVE
CITY-ST-ZIP	MIAMI BEACH, FL 33410
TITLE	TSD
NAME	WASHBURN, CONSTANCE
STREET ADDRESS	745 MAJORCA AVE
CITY-ST-ZIP	CORAL GABLES, FL 33135
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000952643  
 06/04/08-80089-012 70.00

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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:** *Joseph Farinacci*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5/24/08*  
Date

Daytime Phone #