2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N06000003352

FILED Oct 10, 2008 Secretary of State

Entity Name: BERMUDA DUNES PRIVATE RESIDENCES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

7380 WESTPOINTE BLVD ORLANDO, FL 32835

Current Mailing Address: New Mailing Address:

7380 WESTPOINTE BLVD ORLANDO, FL 32835

FEI Number: 56-2571660 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:

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

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

FARINACCI, JOSEPH ROSS, JAMES F Name: Name: 38651 FLORENCE DR Address: 1101 INVESTMENT BLVD., SUITE 115 Address:

City-St-Zip: WILLOUGHBY HILLS, OH 44094 City-St-Zip: EL DORADO HILLS, CA 95762

Title: () Delete Title: (X) Change () Addition

Name: BOS, HANS Name: PIZZI, NICHOLAS Address: 4320 N JEFFERSON AVE Address: 504 S. MELVILLE, APT. 1 City-St-Zip: MIAMI BEACH, FL 33410 City-St-Zip: TAMPA, FL 33606

Title: () Delete Title: (X) Change () Addition

WASHBURN, CONSTANCE Name: RASE, MICHAEL Name:

7360 WESTPOINTE BLVD., #317 Address: 745 MAJORCA AVE Address:

City-St-Zip: CORAL GABLES, FL 33135 City-St-Zip: ORLANDO, FL 32835

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: MICHAEL RASE D 10/10/2008