

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003352

FILED  
Jan 05, 2009  
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:**

LARSEN & ASSOCIATES, P.A.  
55 EAST PINE ST  
ORLANDO, FL 32801 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:**

Title: D ( ) Delete  
Name: ROSS, JAMES F  
Address: 1101 INVESTMENT BLVD., SUITE 115  
City-St-Zip: EL DORADO HILLS, CA 95762

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

Title: D ( ) Delete  
Name: PIZZI, NICHOLAS  
Address: 504 S. MELVILLE, APT. 1  
City-St-Zip: TAMPA, FL 33606

Title: D (X) Change ( ) Addition  
Name: BOS, HANS  
Address: 4320 N. JEFFERSON AVENUE  
City-St-Zip: MIAMI, FL 33140

Title: D ( ) Delete  
Name: RASE, MICHAEL  
Address: 7360 WESTPOINTE BLVD., #317  
City-St-Zip: ORLANDO, FL 32835

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: BRITTENY MEHLE - MANAGER/AGENT

MGR

01/05/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date