


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N08282</b>	
1. Entity Name BERMUDA PLACE ASSOCIATION, INC.	

Principal Place of Business 400 W EMMETT ST. KISSIMMEE, FL 34741-5481 US	Mailing Address 400 W EMMETT ST. KISSIMMEE, FL 34741-5481 US
--	--

DO NOT WRITE IN THIS SPACE



04042005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2515553	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent  WALTER, LAUSANNE 400 W EMMETT STREET KISSIMMEE, FL 34741
---

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
--	--	------------

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HANSON, JEANINE 400 W. EMMETT ST. KISSIMMEE, FL 347415481
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WALTER, LAUSANNE 400 W. EMMETT ST. KISSIMMEE, FL 347415481
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HEMPHILL, JO M 400 W EMMETT STREET KISSIMMEE, FL 347415481
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT TROVER, SUE 400 W EMMETT STREET KISSIMMEE, FL 347415481
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE  
IN THIS SPACE

000000307688  
04/15/05-80086-002 61.25

12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Lausanne M Walter</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	4-11-05 407 842 9433 <small>Date Daytime Phone #</small>
--	---