## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08282

FILED Jul 06, 2006 Secretary of State

Entity Name: BERMUDA PLACE ASSOCIATION, INC.

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

400 W EMMETT ST. 26 NORTH JOHN YOUNG PARKWAY

KISSIMMEE, FL 347415481 US KISSIMMEE, FL 34741 US

Current Mailing Address: New Mailing Address:

400 W EMMETT ST. 1134 NEW YORK AVENUE KISSIMMEE, FL 347415481 US ST. CLOUD, FL 347693782 US

FEI Number: 59-2515553 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WALTER, LAUSANNE
400 W EMMETT STREET
KISSIMMEE, FL 34741 US
HEMPHILL, JAMES C
1134 NEW YORK AVENUE
ST. CLOUD, FL 347693782 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: JAMES C. HEMPHILL 07/06/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS ( ) Delete Title: DIR (X) Change ( ) Addition Name: HANSON, JEANINE Name: HEMPHILL, JO M Address: 400 W. EMMETT ST. Address: 26 NORTH JOHN YOUNG PARKWAY

City-St-Zip: KISSIMMEE, FL 347415481 City-St-Zip: KISSIMMEE, FL 34741 US

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

 Name:
 WALTER, LAUSANNE
 Name:
 HEMPHIL, JAMES C

 Address:
 400 W. EMMETT ST.
 Address:
 1134 NEW YORK AVENUE

 City-St-Zip:
 KISSIMMEE, FL 347415481
 City-St-Zip:
 ST. CLOUD, FL 347693782 US

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

 Name:
 HEMPHILL, JO M
 Name:

 Address:
 400 W EMMETT STREET
 Address:

 City-St-Zip:
 KISSIMMEE, FL 347415481
 City-St-Zip:

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

 Name:
 TROVER, SUE
 Name:

 Address:
 400 W EMMETT STREET
 Address:

 City-St-Zip:
 KISSIMMEE, FL 347415481
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES C. HEMPHILL TRS 07/06/2006