

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10018

FILED
Apr 21, 2009
Secretary of State

Entity Name: BERMUDA POINTE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

231 N JOHN YOUNG PKWY
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

231 N JOHN YOUNG PKWY
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: 59-3327786

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FREULER, PETER J JR
231 N JOHN YOUNG PKWY
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: AUSTIN, WILLIAM
Address: 225 N JOHN YOUNG PKWY
City-St-Zip: KISSIMMEE, FL 34741

Title: D () Delete
Name: SANE, DARLA
Address: 229 N JOHN YOUNG PKWY
City-St-Zip: KISSIMMEE, FL 34741

Title: D () Delete
Name: FREULER, STEPHANIE
Address: 231 N JOHN YOUNG PKWY
City-St-Zip: KISSIMMEE, FL 34741

Title: D () Delete
Name: CARNEY, JOHN
Address: 233 N JOHN YOUNG PKWY
City-St-Zip: KISSIMMEE, FL 34741

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: WILLIAM W. AUSTIN, PSY.D.

PD

04/21/2009

Electronic Signature of Signing Officer or Director

Date