


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90033 015 \*\*\*\*61.25

<b>DOCUMENT # N16545</b> 1. Entity Name <b>BERMUDA RUN MAINTENANCE ASSOCIATION, INC.</b>	
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Principal Place of Business <b>6700 NW BROKEN SOUND PKWY #203 BOCA RATON, FL 33496</b>	Mailing Address <b>6700 NW BROKEN SOUND PKWY #203 BOCA RATON, FL 33496</b>
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**50015711**



02032005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>65-0016577</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

8. Name and Address of Current Registered Agent  <b>ELIAS, HOWARD 6700 NW BROKEN SOUND PKWY #203 BOCA RATON, FL 33487</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (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>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CORNFIELD, BERNICE 5723 NW 23RD TERRACE BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRANN, CINDY 2279 NW 59TH STREET BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELTZER, BARBARA 5867 NW 23RD TERRACE BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEISS, MARGORIE 5844 N.W. 23 TERRACE BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SPEISMAN, JUNE 5845 NW 23RD TERRACE BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
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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.

<b>SIGNATURE:</b> <i>Bernice Cornfield</i>	<i>2/14/05</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>