

FILE NOW: FILING FEE IS \$61.25

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May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N18431 (9)
 1. Corporation Name
BERMUDA APARTMENTS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business % S & R PROPERTY MANAGEMENT 3129 - 49TH STREET NORTH ST. PETERSBURG FL 33710	Mailing Address % S & R PROPERTY MANAGEMENT 3129 - 49TH STREET NORTH ST. PETERSBURG FL 33710
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2. Principal Place of Business 21 % S & R PROPERTY MANAGEMENT Suite, Apt. #, etc. 22 250 104th Ave City & State 23 Treasure Island FL Zip 24 33706	25. Mailing Address 26 % S & R PROPERTY MANAGEMENT Suite, Apt. #, etc. 27 250 104th Ave City & State 28 TREASURE ISLAND, FL Zip 29 33706
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3. Date Incorporated or Qualified 12/23/1986	4. FEI Number 59-3072708	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
WASILIK, RICHARD F
3129 - 49TH STREET NORTH
ST. PETERSBURG FL 33710

10. Name and Address of New Registered Agent
81 Name SUE LAMONT
82 Street Address (P.O. Box Number is Not Acceptable) 250 104th Ave
83
84 City TREASURE ISLAND FL **85 Zip Code 33706**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.
 SIGNATURE *Sue Lamont* DATE **3-14-98**

12. OFFICERS AND DIRECTORS		
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	JANOSCIK, JOSEPH	
STREET ADDRESS	1576 BLOOR ST. W.	
CITY-ST-ZIP	TORONTO ON	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	DEANGELO, HANNELORE	
STREET ADDRESS	843 RIFLE CAMP RD.	
CITY-ST-ZIP	W. PATTERSON NJ	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	DICERBO, PASQUALE	
STREET ADDRESS	75 N. QUEEN STREET #2	
CITY-ST-ZIP	TORONTO, ONARIO CANADA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ROBERT LOEPEL	
1.3 STREET ADDRESS	10431 OAKBROOK DR	
1.4 CITY-ST-ZIP	TAMPA FL 33624	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PEREIRA, LEO	
2.3 STREET ADDRESS	10 BYWORTH BLVD	
2.4 CITY-ST-ZIP	TORONTO, ONT, CANADA M9R 1W8	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert P. Loepel* DATE **4-17-98**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)