

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18431

1. Entity Name

BERMUDA APARTMENTS CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90123 044 \*\*\*\*61.25

Principal Place of Business  
250 104TH AVE  
TREASURE ISLAND FL 33706  
US

Mailing Address  
250 104TH AVE  
TREASURE ISLAND FL 33706-4846  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State

3. Mailing Address  
Suite, Apt. #, etc.  
City & State

4. FEI Number **59-3072708**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAMONT, SUE  
250 104TH AVE  
TREASURE ISLAND FL 33706

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	JANOSCIK, JOSEPH	
STREET ADDRESS	1576 BLOOR ST. W.	
CITY-ST-ZIP	TORONTO ON	
TITLE	STD	<input checked="" 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	PD	<input type="checkbox"/> Delete
NAME	LOEDER, R	
STREET ADDRESS	10431 OAKBROOK DR	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEREIRA, L	
STREET ADDRESS	10 BYWORTH BLVD	
CITY-ST-ZIP	TORONTO ON	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOEPER, R	
STREET ADDRESS	10431 OAKBROOK DR.	
CITY-ST-ZIP	TAMPA, FL 33624	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STEWART MARKLEY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	264 MILLTOWN ROAD	
STREET ADDRESS	WILMINGTON, DE	
CITY-ST-ZIP	19808	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)