

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90179 036 *****61.25

0041823

DOCUMENT # N18431

1. Entity Name

BERMUDA APARTMENTS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

250 104TH AVE
TREASURE ISLAND FL 33706
US

250 104TH AVE
TREASURE ISLAND FL 33706
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

N. REDINGTON BEACH FL

N. REDINGTON BEACH, FL

Zip 33708 Country USA

Zip 33708 Country US

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

7. Name and Address of New Registered Agent

LAMONT, SUE
250 104TH AVE
TREASURE ISLAND FL 33706

Name CANNING, SHELAGH
Street Address (P.O. Box Number is Not Acceptable)

16919 1st STREET E. Unit E
City N. REDINGTON BEACH FL Zip Code 33708

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

SHELAGH CANNING Shelagh Canning
(NOTE: Registered Agent signature required when reinstating)

DATE 1/25/02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	MARKLEY, STEWART	
STREET ADDRESS	204 MILLTOWN ROAD	
CITY-ST-ZIP	WILMINGTON DE 19808	
TITLE	PD	<input checked="" 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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CANNING, SHELAGH	
STREET ADDRESS	16919 1st St. E. Unit E	
CITY-ST-ZIP	N. Redington Beach, FL 33708	
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		

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:

SHELAGH CANNING SHELAGH CANNING 1/25/02 727-319-3737

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/01)