

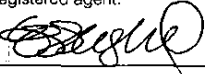



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 03, 2004 8:00 am
Secretary of State

09-03-2004 90004 009 ****62.25

DOCUMENT # N18431 1. Entity Name BERMUDA APARTMENTS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 16919 1ST STREET EAST N. REDINGTON BEACH, FL 33708 US			Mailing Address PO BOX 49046 SAINT PETERSBURG, FL 33743 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 2513 KNOLLWOOD CT Suite, Apt. #, etc.		24083444 	
City & State Zip		City & State TAMPA FL Zip 33614		4. FEI Number 59-3072708 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent POSTON, VERONICA R 6156 8TH AVE. N. UNIT E SAINT PETERSBURG, FL 33710			7. Name and Address of New Registered Agent Name ESV PROPERTY MGMT SVCS INC Street Address (P.O. Box Number is Not Acceptable) 13144 PARK BLVD City SUITE B SEMINOLE FL Zip Code 33776		
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 		CYNTHIA WRIGHT		8/31/04 DATE	
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees <input type="checkbox"/>	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JANOSCIK, JOSEPH 2167 GORDON DR. MISSISSAUGA, ON L5B 1S6	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FARROW, JOHN RR3 OWEN SOUND, ON N4K 5N5	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KOHL, MARGARET 2513 KNOLLWOOD CT. TAMPA, FL 33614	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kohl, Margaret PD 2513 KNOLLWOOD CT TAMPA, FL 33614-4334	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	John Farrow RR3 CHATHAM WORTH ONTARIO CANADA N0H1G0	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Hanna DeAngelo 195 HEYWOOD CT MATAWAN, NJ 07747	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: 		Margaret Kohl PD		9/1/04 813 787 4264 Date Daytime Phone #	