

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2003 8:00 am
Secretary of State

05-09-2003 90146 010 ****61.25

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

**16919 1ST STREET EAST
N. REDINGTON BEACH FL 33708
US**

2. Principal Place of Business

3. Mailing Address

P.O. Box 49046

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St Petersburg FL

Zip

Country

33743

Country

Pinellas

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

**CANNING, SHELAGH
16919 1ST STREET EAST
UNIT E
N. REDINGTON BEACH FL 33708**

7. Name and Address of New Registered Agent

Name **Veronica R. Poston**
Street Address (P.O. Box Number is Not Acceptable)
61516 8th Ave N
City **St Petersburg** **FL** Zip Code **33710**

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

5/5/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" 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	CANNING, SHELAGH	
STREET ADDRESS	16919 1ST STREET EAST, UNIT E	
CITY-ST-ZIP	N. REDINGTON BEACH FL 33708	
TITLE	D	<input checked="" 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	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph Janoscik	
STREET ADDRESS	2167 Gordon Dr	
CITY-ST-ZIP	Mississauga, Ontario L5B 1S6	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Farrow	
STREET ADDRESS	RR3	
CITY-ST-ZIP	Owen Sound, Ontario N4K 5N5	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Margaret Kohl	
STREET ADDRESS	2513 Knollwood Ct	
CITY-ST-ZIP	Tampa FL 33614	
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:

SECRETARY REQUIRED

Secretary

5/5/03 344-1517

CR2E037 (10/02)