


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90061 036 ****61.25

DOCUMENT # N27679 1. Entity Name BERMUDA VIEW CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3627 BAL HARBOR BLVD. PUNTA GORDA, FL 33950 US			Mailing Address 100 SULLIVAN ST. STE. 112 PUNTA GORDA, FL 33590 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GREENE, JOAN F 100 SULLIVAN ST. STE. 112 PUNTA GORDA, FL 33950				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HALL, CHRISTINE		NAME	GREGORY LO PACTE	
STREET ADDRESS	3627 BAL HARBOR BLVD., #174		STREET ADDRESS	11 FIELDWAY AVE	
CITY-ST-ZIP	PUNTA GORDA, FL		CITY-ST-ZIP	STATEN ISLAND NY 10308	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, JAMES		NAME	LUIGI CARLESIMO	
STREET ADDRESS	3627 BAL HARBOR BLVD.		STREET ADDRESS	3320 ALDERDALE	
CITY-ST-ZIP	PUNTA GORDA, FL		CITY-ST-ZIP	STERLING HEIGHTS MN 55082	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZIBELL, JAMES R		NAME	LUIGI CARLESIMO	
STREET ADDRESS	188 NEAL AVE NORTH		STREET ADDRESS	3320 ALDERDALE	
CITY-ST-ZIP	STILLWATER, MN 55082		CITY-ST-ZIP	STERLING HEIGHTS MN 55082	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>James E. Ross</u> <u>JAMES E. ROSS</u> <u>03-15-07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					