

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37950

FILED
Apr 15, 2009
Secretary of State

Entity Name: BERMUDA SPRINGS MAINTENANCE ASSOCIATION, INC.

Current Principal Place of Business:

18001 OLD BUTLER RD
SUITE 521
PALMETTO BAY, FL 33157 US

New Principal Place of Business:

Current Mailing Address:

18001 OLD BUTLER RD
SUITE 521
PALMETTO BAY, FL 33157 US

New Mailing Address:

FEI Number: 65-0164808 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

T & G MANAGEMENT SERVICES, INC.
18001 OLD CUTLER RD
SUITE 509
PALMETTO BAY, FL 33157 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MACFIE, MARY
Address: 631 BEDFORD WAY
City-St-Zip: WESTON, FL 33326

Title: VP () Delete
Name: KRAVIT, MARCY
Address: 303 BERMUDA SPRINGS DRIVE
City-St-Zip: WESTON, FL 33326

Title: S () Delete
Name: PROIETTI, JILL
Address: 293 BRIDGETON RD
City-St-Zip: WESTON, FL 33326

Title: D () Delete
Name: ORBAND, GEORGE
Address: 266 BEDFORD AVENUE
City-St-Zip: WESTON, FL 33326

Title: T () Delete
Name: VEGA, JOSEPH JR.
Address: 287 BEDFORD AVENUE
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: PEREZ, MICHELL
Address: 693 BEDFORD AVENUE
City-St-Zip: WESTON, FL 33326

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY MACFIE

P

04/15/2009

Electronic Signature of Signing Officer or Director

Date