


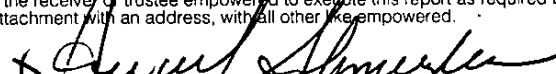
2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90089 036 ****61.25

DOCUMENT # N49317 1. Entity Name BERMUDA VILLAGE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business MANAGEMENT SERVICES OF AMERICA INC. 639 EAST OCEAN AVENUE SUITE 204 BOYNTON BEACH, FL 33435 US			Mailing Address MANAGEMENT SERVICES OF AMERICA INC. 639 EAST OCEAN AVENUE SUITE 204 BOYNTON BEACH, FL 33435 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0417469	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HUCKABY, JANET MANAGEMENT SERVICES OF AMERICA, INC. 639 EAST OCEAN AVENUE SUITE 204 BOYNTON BEACH, FL 33435			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RADKA, LINDA	NAME			
STREET ADDRESS	17239 BERMUDA VILLAGE DR	STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33487	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JOHNSTON, SCOTT	NAME			
STREET ADDRESS	17216 BERMUDA VILLAGE DR	STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33487	CITY-ST-ZIP			
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHMERLER, HOWARD	NAME			
STREET ADDRESS	17180 BERMUDA VILLAGE DR	STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33487	CITY-ST-ZIP			
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BERRY, MICHAEL	NAME	Carl Montalbano		
STREET ADDRESS	17198 BERMUDA VILLAGE DR	STREET ADDRESS	17173 Bermuda Village Drive		
CITY-ST-ZIP	BOCA RATON, FL 33487	CITY-ST-ZIP	Boea Raton, FL 33487		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	EUGENIO, CORY	NAME	Herbert Sedlis		
STREET ADDRESS	17240 BERMUDA VILLAGE DR	STREET ADDRESS	17323 Bermuda Village Drive		
CITY-ST-ZIP	BOCA RATON, FL 33487	CITY-ST-ZIP	Boea Raton, FL 33487		
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 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/05
Date

Daytime Phone #