

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90248 013 ****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

04282006

Chg-NP

CR2E037 (4/06)

4. FEI Number
65-0417469

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HUCKABY, JANET
MANAGEMENT SERVICES OF AMERICA, INC.
639 EAST OCEAN AVENUE SUITE 204
BOYNTON BEACH, FL 33435**

7. Name and Address of New Registered Agent

Name **BERMUDA VILLAGE
COTRINE MANAGEMENT GROUP**
Street Address (P.O. Box Number is Not Acceptable) **6300 PARK of
COMMENCE BLVD**
City **BOCA RATON** FL Zip Code **33487**

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 *Howard Shmerlen*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **RADKA, LINDA**
CITY-ST-ZIP **17239 BERMUDA VILLAGE DR
BOCA RATON, FL 33487**

TITLE ☒ Delete
NAME **VP**
STREET ADDRESS **JOHNSTON, SCOTT**
CITY-ST-ZIP **17216 BERMUDA VILLAGE DR
BOCA RATON, FL 33487**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SELLIS, HERBERT**
CITY-ST-ZIP **17383 BERMUDA
17239 BERMUDA VILLAGE DRIVE
BOCA RATON, FL 33487**

TITLE ☒ Delete
NAME **T**
STREET ADDRESS **BERRY, MICHAEL**
CITY-ST-ZIP **17198 BERMUDA VILLAGE DR
BOCA RATON, FL 33487**

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **MONTALBANO, CARL**
CITY-ST-ZIP **17173 BERMUDA VILLAGE DRIVE
BOCA RATON, FL 33487**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME **PRESIDENT**
STREET ADDRESS **HOWARD SHMERLEN**
CITY-ST-ZIP **17180 BERMUDA VILLAGE DR
BOCA RATON FL 33487**

TITLE ☐ Change ☒ Addition
NAME **V.P.**
STREET ADDRESS **FRANK BENASUTTI**
CITY-ST-ZIP **17294 BERMUDA VILLAGE DR
BOCA RATON FL 33487**

TITLE ☐ Change ☒ Addition
NAME **JOHN KLEIN**
STREET ADDRESS **17233 BERMUDA VILLAGE DR**
CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *Howard Shmerlen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #