2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49317

FILED Feb 12, 2009 Secretary of State

Entity Name: BERMUDA VILLAGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: PRIME MANAGEMENT 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487 **New Mailing Address: Current Mailing Address:** PRIME MANAGEMENT 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487 FEI Number: 65-0417469 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SACHS & SAX SACHS, SAX & CAPLAN C/O LOUIS CAPLEN C/O LOÚIS CAPLAN 301 YAMATO ROAD, SUITE 4150 6111 BROKEN SOUND PKWY NW BOCA RATON, FL 33431 US BOCA RATON, FL 33487 US 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: LOUIS CAPLAN 02/12/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SHMERLER, HOWARD Name: Name: 17180 BERMUDA VILLAGE DR Address: Address: City-St-Zip: BOCA RATON, FL 33487 City-St-Zip: Title: () Delete Title: (X) Change () Addition BENASUTTI, FRANK Name: RADKA, LINDA Name: Address: 17173 BERMUDA VILLAGE DR Address: 17239 BERMUDA VILLAGE DR City-St-Zip: BOCA RATON, FL 33487 City-St-Zip: BOCA RATON, FL 33487 Title: () Delete Title: (X) Change () Addition KLEIN, JON KLEIN, JON Name: Name: 17233 BURMUADA VILLAGE DRIVE 17233 BERMUDA VILLAGE DRIVE Address: Address: City-St-Zip: BOCA RATON, FL 33487 City-St-Zip: BOCA RATON, FL 33487 Title: () Delete Title: () Change () Addition GLOVER, LAURIE Name: Name: 17192 BERMUDA VILLAGE DR Address: Address: City-St-Zip: BOCA RATON, FL 33487 City-St-Zip: Title: () Delete Title: () Change (X) Addition CHANT, JUDY Name: Name: 17156 BERMUDA VILLAGE DR Address: Address: BOCA RATON, FL 33487 City-St-Zip: 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: HOWARD SHMERLER Ρ 02/12/2009