

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90314 041 \*\*\*\*61.25

**DOCUMENT # N51156**

1. Entity Name  
BERMUDA VILLAGE NEIGHBORHOOD ASSOCIATION,  
INC.



Principal Place of Business  
C/O PINES PROPERTY MNGMT  
1920 PINES BLVD STE 205  
PEMBROKE PINES, FL 33029 US

Mailing Address  
C/O PINES PROPERTY MNGMT  
P.O. BOX 820100  
SOUTH FLORIDA, FL 33082 US

00043084



02092006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0396068

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

EVANS, THOMAS R JR  
PINES PROPERTY MGT  
19620 PINES BLVD STE 205  
PEMBROKE PINES, FL 33029

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
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

**10. OFFICERS AND DIRECTORS**

TITLE DT  
NAME HANUSOFSKI, NORMA  
STREET ADDRESS 581 NW 182ND WAY  
CITY-ST-ZIP PEMBROKE PINES, FL 33029

TITLE DS  
NAME SANTIAGO, LAURA  
STREET ADDRESS 631 NW 182 WAY  
CITY-ST-ZIP PEMBROKE PINES, FL 33029

TITLE ~~DP~~ DP  
NAME STAMPEL, SIEGHART  
STREET ADDRESS 621 NW 182 WAY  
CITY-ST-ZIP PEMBROKE PINES, FL 33029

TITLE D  
NAME KNOP, DAVID  
STREET ADDRESS 661 NW 182 WAY  
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE D  
NAME SARMIENTO, ABDO  
STREET ADDRESS 571 NW 182 WAY  
CITY-ST-ZIP PEMBROKE PINE FL 33029

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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:** *Norma Hanusofski*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-06 954 438-6570  
Date Daytime Phone #