



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90045 044 ****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			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 65-0396068 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				1st MOORE CR2E037 (10/06)	
6. Name and Address of Current Registered Agent EVANS, THOMAS R JR PINES PROPERTY MGT 19620 PINES BLVD STE 205 PEMBROKE PINES FL 33029			7. Name and Address of New Registered Agent Name ROBERT KAYE ASSOCIATES, P.A. Street Address (P.O. Box Number is Not Acceptable) 6261 NW 6TH WAY SUITE 103 FT. LAUDERDALE FL 33309		
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 <u><i>Robert Kaye</i></u> President DATE <u>4-13-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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 NAME STREET ADDRESS CITY - ST - ZIP	DT HANUSOFSKI, NORMA 581 NW 182ND WAY PEMBROKE PINES FL 33029	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS SANTIAGO, LAURA 631 NW 182 WAY PEMBROKE PINES FL 33029	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DUP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP STAMPEL, SIEGHART 621 NW 182 WAY PEMBROKE PINES FL 33029	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KNOP, DAVID 661 NW 182 WAY HOLLYWOOD FL 33029	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PEMBROKE PINES FL 33029	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SARMIENTO, ABDON 571 NW 182 WAY HOLLYWOOD FL 33029	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PEMBROKE PINES FL 33029	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS ESCOTT, PAT 615 NW 183 WAY PEMBROKE PINES FL 33029	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition PEMBROKE PINES FL 33029	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u><i>Norma Hanusofski</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>3/28/07</u> Daytime Phone # <u>954 498-6570</u>		