

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51156

FILED
Apr 24, 2009
Secretary of State

Entity Name: BERMUDA VILLAGE NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

C/O PINES PROPERTY MNGMT
1920 PINES BLVD STE 205
PEMBROKE PINES, FL 33029 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0396068

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEVENS & GOLDWYN, P.A.
2 SOUTH UNIVERSITY DRIVE #210
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: HANUSOFSKI, NORMA
Address: 581 NW 182ND WAY
City-St-Zip: PEMBROKE PINES, FL 33029

Title: PD () Delete
Name: SANTIAGO, LAURA
Address: 631 NW 182 WAY
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D (X) Delete
Name: KNOP, DAVID
Address: 661 NW 182 WAY
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D () Delete
Name: SARMIENTO, ABDON
Address: 571 NW 182 WAY
City-St-Zip: PEMBROKE PINES, FL 33029

Title: DS () Delete
Name: ESCOTT, PAT
Address: 615 NW 183 WAY
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: NORMA HANUSOFSKI

DT

04/24/2009

Electronic Signature of Signing Officer or Director

Date