

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51156

FILED  
Apr 19, 2010  
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:**

STEVENS & GOLDWYN, P.A.  
2 SOUTH UNIVERSITY DRIVE  
#315  
PLANTATION, FL 33324 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:

04/19/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: NORMA HANUSOFSKI

DT

04/19/2010

Electronic Signature of Signing Officer or Director

Date