2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005792

FILED Feb 06, 2008 Secretary of State

Entity Name: BERMUDA DUNES VILLAGE NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

5535 BERMUDA DUNES CIRCLE LAKE WORTH, FL 334636571 US

Current Mailing Address: New Mailing Address:

5535 BERMUDA DUNES CIRCLE LAKE WORTH, FL 334636571 US

FEI Number: 65-0833203 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:

SCHWARTZ, MICHAEL HAWKINS, SCOTT G 2514 HOLLYWOOD BLVD FLAGLER CENTER TOWER, SUITE 1100 505 SOUTH FLAGLER DRIVÉ

STE 508 HOLLYWOOD, FL 33020 US WEST PALM BEACH, FL 33401 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: SCOTT G. HAWKINS 02/06/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition SALERNO, NICK SPENCER, JOHN C Name: Name: 5551 BERMUDA DUNES CIRCLE Address: 5575 BERMUDA DUNES CIRCLE Address: City-St-Zip: LAKE WORTH, FL 33463 City-St-Zip: LAKE WORTH, FL 33463

Title: Title: (X) Change () Addition () Delete CLARK, KEVIN Name: KINGSLAND, CHARLES Name:

Address: 5630 BERMUDA DUNES CIRCLE Address: 5598 BERMUDA DUNES CIRCLE City-St-Zip: LAKE WORTH, FL 33463 City-St-Zip: LAKE WORTH, FL 33463

Title: SD () Delete Title: () Change () Addition

MATHIAS, BOBBE Name: Name: 5583 BERMUDA DUNES CIRCLE Address: Address: City-St-Zip: LAKE WORTH, FL 33463 City-St-Zip:

() Delete Title: PD Title: () Change () Addition

DEAL, JUDY Name: Name: 5639 BERMDA DUNES CIRCLE Address: Address: City-St-Zip: LAKE WORTH, FL 33463 City-St-Zip:

Title: () Delete Title: () Change () Addition

HUSEMAN, ROBERT D Name: Name: 5535 BERMUDA DUNES CIR Address: Address: City-St-Zip: LAKE WORTH, FL 33463 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: ROBERT D. HUSEMAN TR 02/06/2008