

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005792

FILED  
Mar 31, 2010  
Secretary of State

**Entity Name:** BERMUDA DUNES VILLAGE NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

5980 WINSTON TRAILS BLVD.  
LAKE WORTH, FL 33463 US

**New Principal Place of Business:**

**Current Mailing Address:**

5980 WINSTON TRAILS BLVD.  
LAKE WORTH, FL 33463 US

**New Mailing Address:**

**FEI Number:** 65-0833203

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HAWKINS, SCOTT G  
FLAGLER CENTER TOWER, SUITE 1100  
505 SOUTH FLAGLER DRIVE  
WEST PALM BEACH, FL 33401 US

**Name and Address of New Registered Agent:**

JONES FOSTER SERVICE, LLC  
801 MAPLEWOOD DR  
SUITE 22-A  
JUPITER, FL 33458 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:** CARLOS J. BERROCAL, AUTHORIZED SIGNATORY

03/31/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** SPENCER, JOHN C  
**Address:** 5575 BERMUDA DUNES CIRCLE  
**City-St-Zip:** LAKE WORTH, FL 33463

**Title:** VP  
**Name:** FRISCIA, VINCENT J  
**Address:** 5567 BERMUDA DUNES CIRCLE  
**City-St-Zip:** LAKE WORTH, FL 33463

**Title:** S  
**Name:** MATHIAS, BARBARA  
**Address:** 5583 BERMUDA DUNES CIRCLE  
**City-St-Zip:** LAKE WORTH, FL 33463

**Title:** D  
**Name:** BURLONE, BRIAN D  
**Address:** 5566 BERMUDA DUNES CIRCLE  
**City-St-Zip:** LAKE WORTH, FL 33463

**Title:** TR  
**Name:** HUSEMAN, ROBERT D  
**Address:** 5535 BERMUDA DUNES CIR  
**City-St-Zip:** LAKE WORTH, FL 33463

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:** ROBERT D. HUSEMAN

P

03/31/2010

Electronic Signature of Signing Officer or Director

Date