

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90036 018 \*\*\*\*61.25

**DOCUMENT # N99000002897**

1. Entity Name

**BERMUDA HOUSE OF PALM BEACH CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business

**C/O VICTORY ACCIG SERVICE  
P.O. BOX 243214  
BOYNTON BEACH FL 33424**

Mailing Address

**C/O VICTORY ACCIG SERVICE  
P.O. BOX 243214  
BOYNTON BEACH FL 33424**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0940396**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FEICHT, VICKI  
1375 GATEWAY BLVD  
BOYNTON BEACH FL 33426**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☒ Delete  
NAME **D**  
STREET ADDRESS **MCDERMOTT, CHARLES V**  
CITY-ST-ZIP **348 MAPLEWOOD AVE #5  
PORTSMOUTH NH 03801-7566**

TITLE ☐ Delete  
NAME **SPD**  
STREET ADDRESS **CLARK, KAREN**  
CITY-ST-ZIP **146 SUNSET AVE, # 5  
PALM BEACH FL 33480**

TITLE ☐ Delete  
NAME **TD**  
STREET ADDRESS **CLOUD, VINCENT T**  
CITY-ST-ZIP **146 SUNSET AVE  
PALM BEACH FL 33480**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Karen K Clark*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Karen K Clark President* 3-12-08

Date

Daytime Phone #