


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90376 012 \*\*\*\*61.25

**DOCUMENT # N99000005290**

1. Entity Name  
**BERMUDA CLUB HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
 4760 N US 1  
 SUITE 201  
 MELBOURNE, FL 32935

Mailing Address  
 P.O. BOX 410009  
 MELBOURNE, FL 32941

40074515



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

03132006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-3595683**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FRAUENHOLZ, GARY**  
**9008 ENGLEWOOD CT.**  
**VERO BEACH, FL 32963**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

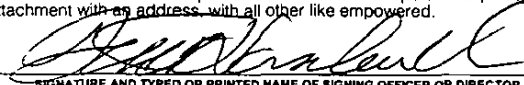
10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	FRAUENHOLZ, GARY	
STREET ADDRESS	9008 ENGLEWOOD CT.	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MCPHERSON, JOHN	
STREET ADDRESS	1187 GOVERNORS WAY	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	D	<input type="checkbox"/> Delete
NAME	GENONI, JR., JOHN	
STREET ADDRESS	4760 N US 1 SUITE 201	
CITY-ST-ZIP	MELBOURNE, FL 32935	
TITLE	T	<input type="checkbox"/> Delete
NAME	PETTIROSSI, RON	
STREET ADDRESS	9024 ENGLEWOOD CT.	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	S	<input type="checkbox"/> Delete
NAME	WARDWELL, WAYNE	
STREET ADDRESS	1183 GOVERNORS WAY	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sharp, William	
STREET ADDRESS	9017 Englewood Court	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Chapter 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:**   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-06 231-9256  
 Date Daytime Phone #