
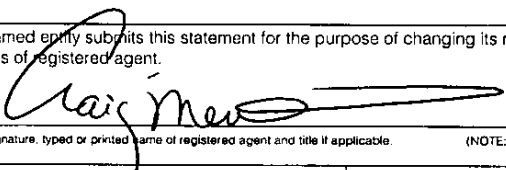



**2006 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUL 14 AM 8:30

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	
2. Principal Place of Business Suite, Apt. #, etc. 410 ELLIOTT MERRILL MANAGEMENT 835 20TH PLACE City & State VERO BEACH, FL Zip 32960		3. Mailing Address Suite, Apt. #, etc. 410 ELLIOTT MERRILL MANAGEMENT 835 20TH PLACE City & State VERO BEACH, FL Zip 32960	
		4. FEI Number 59-3595683	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$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 CRAIG MERRILL Street Address (P.O. Box Number is Not Acceptable) 410 ELLIOTT MERRILL MANAGEMENT 835 20th Pl City VERO BEACH FL Zip Code 32960	
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 		800077951098 07/25/06--01032--001 **\$1.25 7-3-06	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating.) DATE	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5:00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRAUENHOLZ, GARY 9008 ENGLEWOOD CT. VERO BEACH, FL 32963 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUGO SCALA 9046 CASTLE HARBOR CIRCLE VERO BEACH, FL 32963 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHARP, WILLIAM 9017 ENGLEWOOD COURT VERO BEACH, FL 32963 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JACLYN WEBB 1125 GOVERNORS WAY VERO BEACH, FL 32963 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GENONI, JR., JOHN 4760 N US 1 SUITE 201 MELBOURNE, FL 32935 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALFRED WORDEN 8960 PALM BREEZE TERRACE VERO BEACH, FL 32963 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PETTIROSSI, RON 9024 ENGLEWOOD CT. VERO BEACH, FL 32963 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ERIKA GREENFIELD 1124 GOVERNORS WAY VERO BEACH, FL 32963 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WARDWELL, WAYNE 1183 GOVERNORS WAY VERO BEACH, FL 32963 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CATHERINE GRACE 9057 ENGLEWOOD CT VERO BEACH, FL 32963 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date: 7/3/06 Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			