

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90034 012 ****61.25

DOCUMENT # N99000005290					
1. Entity Name BERMUDA CLUB HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business C/O ELLIOTT MERRILL MANAGEMENT 835 20TH PLACE VERO BEACH, FL 32960			Mailing Address C/O ELLIOTT MERRILL MANAGEMENT 835 20TH PLACE VERO BEACH, FL 32960		
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 59-3595683	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MERRILL, CRAIG C/O ELLIOTT MERRILL MANAGEMENT 835 20TH PLACE VERO BEACH, FL 32960			Name <u>Charles McKinnon, Esq.</u> Street Address (P.O. Box Number is Not Acceptable) <u>3055 Cardinal Drive, Ste. 302</u> City <u>Vero Beach</u> State <u>FL</u> Zip Code <u>32963</u>		
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 <u><i>C. McKinnon</i></u> DATE <u>3-7-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 P NAME SHARP, WILLIAM STREET ADDRESS 9017 ENGLEWOOD CT CITY-ST-ZIP VERO BEACH, FL 32963	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME ELDER, PETER STREET ADDRESS 1131 GOVERNORS WAY CITY-ST-ZIP VERO BEACH, FL 32963	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME WORDEN, ALFRED STREET ADDRESS 8960 PALM BREEZE TERRACE CITY-ST-ZIP VERO BEACH, FL 32963	<input type="checkbox"/> Delete		TITLE DIR NAME STREET ADDRESS CITY-ST-ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME GREENFIELD, ERIKA STREET ADDRESS 1124 GOVERNORS WAY CITY-ST-ZIP VERO BEACH, FL 32963	<input type="checkbox"/> Delete		TITLE T NAME WILLIAM COLEMAN STREET ADDRESS 9025 CASTLE HARBOUR CIR. CITY-ST-ZIP VERO BEACH, FL 32963	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME SCALA, HUGO STREET ADDRESS 9046 CASTLE HARBOUR CIRCLE CITY-ST-ZIP VERO BEACH, FL 32963	<input checked="" type="checkbox"/> Delete		TITLE S NAME JOHN OSBORNE STREET ADDRESS 1179 GOVERNORS WAY CITY-ST-ZIP VERO BEACH, FL 32963	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME WEBB, JACLYN STREET ADDRESS 1125 GOVERNORS WAY CITY-ST-ZIP VERO BEACH, FL 32963	<input checked="" type="checkbox"/> Delete		TITLE D NAME RON PETTIROSSI STREET ADDRESS 9024 ENGLEWOOD CT CITY-ST-ZIP VERO BEACH, FL 32963	<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: <u><i>William Coleman</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>2/7/08</u> Daytime Phone # <u>772-569-9853</u>		