

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 725794 (2)

1. Corporation Name

BERMUDA CLUB NINE ASSOCIATION, INC.



Principal Place of Business

Mailing Address

6299 N. W. 57TH STREET  
TAMARAC FL 33319

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TAMARAC FL 33319

3. Date Incorporated or Qualified

03/09/1973

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1518373

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HYMAN, MICHAEL L  
19 W FLAGLER ST STE 416  
MIAMI FL 33130

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD ☒ DELETE  
NAME TRAGASH, MIKE  
STREET ADDRESS 5750 NW 64 AVE  
CITY-ST-ZIP TAMARAC, FL 00000

1.1 TITLE VD ☒ Change ☐ Addition  
1.2 NAME Sagal, Aaron  
1.3 STREET ADDRESS 5750 NW 64th Ave.  
1.4 CITY-ST-ZIP Tamarac, FL. 33319

TITLE DP ☐ DELETE  
NAME WOLKOFF, PAUL  
STREET ADDRESS 5830 NW 64 AVE  
CITY-ST-ZIP TAMARAC, FL 00000

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE TD ☐ DELETE  
NAME MIRSKY, BEVERLY  
STREET ADDRESS 5750 NW 64 AVE  
CITY-ST-ZIP TAMARAC, FL 00000

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE VD ☐ DELETE  
NAME FLAUM, SID  
STREET ADDRESS 5830 NW 64TH AVE  
CITY-ST-ZIP TAMARAC, FL 00000

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE SD ☐ DELETE  
NAME SANNTORZIC, SYLVIA  
STREET ADDRESS 5800 NW 64 AVE  
CITY-ST-ZIP TAMARAC, FL 00000

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE VD ☒ DELETE  
NAME BAUM, ROSALIE  
STREET ADDRESS 5800 NW 64TH AVE  
CITY-ST-ZIP TAMARAC, FL 00000

6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME Gaffga, Patsy  
6.3 STREET ADDRESS 5800 NW 64th Ave.  
6.4 CITY-ST-ZIP Tamarac, FL. 33319

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Paul Wolkoff*

4/16/96 (954) 721-6645

CR2E037 (12/95)