

FILE NOW: FILING FEE IS \$61.25

FILED

May 21 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  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**

**6299 N. W. 57TH STREET
TAMARAC FL 33319-2305**



3. Date Incorporated or Qualified **03/09/1973** 3a. Date of Last Report **05/01/1996**

| | | | | | | | |
|--------------------------------|--|------------------------|--|---|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number 59-1518373 | | Applied For <input type="checkbox"/> Not Applicable | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 22 City & State | | 27 City & State | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 23 Zip Country | | 28 Zip Country | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| 24 | | 25 | | 29 | | 30 | |

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 <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SAGAL, AARON | 1.2 NAME | Tragash, Mike |
| STREET ADDRESS | 5750 NW 64TH AVE. | 1.3 STREET ADDRESS | 5750 NW 64th Avenue |
| CITY-ST-ZIP | TAMARAC FL | 1.4 CITY-ST-ZIP | Tamarac, Fl. 33319 |
| TITLE | DP <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WOLKOFF, PAUL | 2.2 NAME | |
| STREET ADDRESS | 5830 NW 64 AVE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMARAC, FL 00000 | 2.4 CITY-ST-ZIP | |
| TITLE | TD <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MIRSKY, BEVERLY | 3.2 NAME | Corbin, Dorothy |
| STREET ADDRESS | 5750 NW 64 AVE | 3.3 STREET ADDRESS | 5750 NW 64th Avenue |
| CITY-ST-ZIP | TAMARAC, FL 00000 | 3.4 CITY-ST-ZIP | Tamarac, Fl. 33319 |
| TITLE | VD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FLAUM, SID | 4.2 NAME | |
| STREET ADDRESS | 5830 NW 64TH AVE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMARAC, FL 00000 | 4.4 CITY-ST-ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SANNTORZIC, SYLVIA | 5.2 NAME | |
| STREET ADDRESS | 5800 NW 64 AVE. | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMARAC, FL 00000 | 5.4 CITY-ST-ZIP | |
| TITLE | VD <input checked="" type="checkbox"/> DELETE | 6.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GAFFGA, PATSY | 6.2 NAME | ASD |
| STREET ADDRESS | 5800 NW 65TH AVE. | 6.3 STREET ADDRESS | Bauman, Rosalie |
| CITY-ST-ZIP | TAMARAC FL | 6.4 CITY-ST-ZIP | 5800 NW 64th Avenue |
| | | | Tamarac, Fl. 33319 |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Paul Wolkoff* **PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/97 (954) 721-6645

Date

Daytime Phone # 0035171

CR2E037 (9/96)