

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90223 001 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 725794

1. Corporation Name

BERMUDA CLUB NINE ASSOCIATION, INC.

Principal Place of Business

6299 N. W. 57TH STREET
 TAMARAC FL 33319

Mailing Address

6299 N. W. 57TH STREET
 TAMARAC FL 33319



405490 - 90223 - 1



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

03/09/1973

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

9. Name and Address of Current Registered Agent

CASTLE PROPERTY SERVICES GROUP INC.
 4450 WEST SUNRISE BLVD
 SUITE C-100
 PLANTATION FL 33313

10. Name and Address of New Registered Agent

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

TITLE **VD** DELETE

NAME **TRAGASH, MIKE**
 STREET ADDRESS **5750 NW 64TH AVE.**
 CITY-ST-ZIP **TAMARAC FL**

TITLE **DP** DELETE

NAME **WOLKOFF, PAUL**
 STREET ADDRESS **5830 NW 64 AVE.**
 CITY-ST-ZIP **TAMARAC, FL 00000**

TITLE **TD** DELETE

NAME **MERSKY, BEVERLY**
 STREET ADDRESS **5750 NW 64 AVE**
 CITY-ST-ZIP **TAMARAC, FL 00000 33319**

TITLE **VD** DELETE

NAME **FLAUM, SID**
 STREET ADDRESS **5830 NW 64TH AVE**
 CITY-ST-ZIP **TAMARAC, FL 00000**

TITLE **SD** DELETE

NAME **SANNTORZIC, SYLVIA**
 STREET ADDRESS **5800 NW 64 AVE.**
 CITY-ST-ZIP **TAMARAC, FL 00000**

TITLE **ASD** DELETE

NAME **BAUMAN, ROSALIE**
 STREET ADDRESS **5800 NW 65TH AVE.**
 CITY-ST-ZIP **TAMARAC FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

NAME **Gillay, Herman**
 STREET ADDRESS **5830 NW 64th Ave # 104**
 CITY-ST-ZIP **TAMARAC, FL**

3.1 TITLE Change Addition

NAME **TD CORBIN, Dorothy**
 STREET ADDRESS **5750 NW 64th Ave # 101**
 CITY-ST-ZIP **TAMARAC, FL**

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

NAME **ASD BAUMAN, ROSALIE**
 STREET ADDRESS **5800 NW 64th Ave # 111**
 CITY-ST-ZIP **TAMARAC, FL**

14. I 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, with all other like empowered.

SIGNATURE:

Michael Tragash
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mike Tragash, V.P.

Date

4/20/99

Daytime Phone #

(954) 792-6000

CR2E037 (11/98)