

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90307 037 ****61.25

DOCUMENT # 725794

1. Entity 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

54045813



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-1518373

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASTLE MANAGEMENT, INC.
4450 WEST SUNRISE BLVD
SUITE C-100
PLANTATION, FL 33313

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee Is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME CORBIN, DOROTHY
STREET ADDRESS 5750 NW 64TH AVE 101
CITY-ST-ZIP TAMARAC, FL 33319

TITLE D ☐ Delete
NAME ENGEL, SYLVIA
STREET ADDRESS 5830 NW 64TH AVE #305
CITY-ST-ZIP FORT LAUDERDALE, FL 33319

TITLE D ☐ Delete
NAME MOYER, BARBARA
STREET ADDRESS 5830 NW 64TH AVE #203
CITY-ST-ZIP FORT LAUDERDALE, FL 33319

TITLE T ☐ Delete
NAME BAUMAN, ROSALIE
STREET ADDRESS 5800 NW 64TH AVE
CITY-ST-ZIP FORT LAUDERDALE, FL 33319

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER

Date

Daytime Phone #

4/27/04