

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90046 047 ****61.25

DOCUMENT # 756847

1. Entity Name
BERMUDA HIGH BEACH AND TENNIS CLUB, INC.



Principal Place of Business
**2150 SOUTH OCEAN BLVD.
DELRAY BEACH, FL 33483-6446**

Mailing Address
**2150 SOUTH OCEAN BLVD.
DELRAY BEACH, FL 33483-6446**

DO NOT WRITE IN THIS SPACE



02062004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2059929

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**YATES, PATRICIA A LCAM
2150 S. OCEAN BLVD., MGR OFFICE
DELRAY BEACH, FL 33483**

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IN THIS SPACE**

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**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PDT
CAMPBELL, NICHOLAS T
2150 S OCEAN BLVD. #6-F
DELRAY BEACH, FL 33483**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
OWEN, FRANCES V
2150 S OCEAN BLVD. #4-E
DELRAY BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BANNER, SUSAN
2150 S OCEAN BLVD #3-C
DELRAY BEACH, FL 33483**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GREENHUT, STEVEN
2115 S OCEAN BLVD #1
DELRAY BEACH, FL 33483**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 files empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Nicholas T. Campbell 2-5-04 561-330-0395