


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90226 027 ****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

60001624



01092006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2059929	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FORGIONE, MARJORIE LCAM
 2150 S. OCEAN BLVD., MGR OFFICE
 DELRAY BEACH, FL 33483

DO NOT WRITE 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 MARJORIE FORGIONE LCAM MARJORIE FORGIONE DATE 1/10/06

Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

Filing Fee is \$61.25
Due by May 1, 2006

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	PTD KAHN, ALAN 2150 S OCEAN BLVD #6A DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BANTIVUGLIO, TOM 2150 S OCEAN BLVD DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HILTY, CAROLYN 2150 S COEAN BLVD DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHMAN, MAXINE 2150 S OCEAN BLVD #4 DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Alan Kahn ALAN KAHN Date 1-10-06 (3rd) 772-0307

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #