I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

PRESIDENT

SIGNATURE: DOROTHY CORBIN

Electronic Signature of Signing Officer/Director Detail

Electronic Signature of Registered Agent

Officer/Director Detail :			
Title	PD	Title	SD
Name	CORBIN, DOROTHY	Name	SEYFRET, MYRTLE
Address	5750 NW 64TH AVE 101	Address	5750 NW 64TH AVE
City-State-Zip:	TAMARAC FL 33319	City-State-Zip:	TAMARAC FL 33319
Title	т		
Name	BAUMAN, ROSALIE		
Address	5800 NW 64TH AVE		
City-State-Zip:	TAMARAC FL 33319		

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.

Current Principal Place of Business:

Name and Address of Current Registered Agent:

Current Mailing Address:

6299 N. W. 57TH STREET TAMARAC, FL 33319

6299 N. W. 57TH STREET

TAMARAC, FL 33319

FEI Number: 59-1518373

FAUST, STANLEY 6299 N.W. 57TH STREET

C/O MANAGEMENT OFFICE TAMARAC, FL 33319 US

SIGNATURE:

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT **DOCUMENT# 725794**

Entity Name: BERMUDA CLUB NINE ASSOCIATION, INC.

FILED Apr 30, 2013 Secretary of State CC8665493397

Date

Certificate of Status Desired: No

Date

04/30/2013