

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 725502 (9)  
1. Corporation Name

BERMUDA CLUB OF GULF STREAM INC



Principal Place of Business: 10 SEA RD. DELRAY BEACH FL 33407  
Mailing Address: 4600 N. OCEAN BLVD. SUITE 101 BOYNTON BEACH FL 33435

3. Date Incorporated or Qualified: 02/08/1973  
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business: 21  
Suite, Apt. #, etc.: 22  
City & State: 23  
Zip: 24  
Country: 25  
2a. Mailing Address: 26  
Suite, Apt. #, etc.: 27  
City & State: 28  
Zip: 29  
Country: 30

4. FEI Number: 59-1450715  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
FULLER, DONNA SMITH  
4600 N. OCEAN BLVD.  
SUITE 101  
BOYNTON BEACH FL 33435

10. Name and Address of New Registered Agent  
81 Name: Erik Smith, Mgr  
82 Street Address (P.O. Box Number is Not Acceptable): 10 Sea Rd, # 2  
83  
84 City: Delray Bch, FL 85 Zip Code: 33483

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] DATE: 4/5/96

12. OFFICERS AND DIRECTORS

TITLE	DS	<input type="checkbox"/> DELETE
NAME	ALLIS, WILLIAM	
STREET ADDRESS	3883 BERMUDA LANE	
CITY - ST - ZIP	DELRAY BEACH FL 33483	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	CYRUS, VAUGHN	
STREET ADDRESS	10 SEA ROAD	
CITY - ST - ZIP	DELRAY BCH, FL 00000	
TITLE	POT	<input type="checkbox"/> DELETE
NAME	TELLING, WILLIAM P	
STREET ADDRESS	10 SEA RD	
CITY - ST - ZIP	DELRAY BCH, FL 00000	
TITLE	AST	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, DONNA F	
STREET ADDRESS	4600 N. OCEAN BLVD. #101	
CITY - ST - ZIP	BOYNTON BEACH FL 33	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: [Signature] DATE: 4/5/96

CR2E037 (12/95)