

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725502

FILED  
Apr 26, 2006  
Secretary of State

Entity Name: BERMUDA CLUB OF GULF STREAM INC

**Current Principal Place of Business:**

10 SEA RD.  
DELRAY BEACH, FL 33407

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ERIK SMITH  
P. O. BOX X1132  
BOYNTON BEACH, FL 334251132 US

**New Mailing Address:**

FEI Number: 59-1450715

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ERIK SMITH  
1171 N. OCEAN BLVD  
GULFSTREAM, FL 33483 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ALLIS, WILLIAM,  
Address: 3883 BERMUDA LANE, #6  
City-St-Zip: DELRAY BEACH, FL 33483

Title: VPD ( ) Delete  
Name: GUYOT, SUZANNE  
Address: 383 BERMUDA LANE  
City-St-Zip: DELRAY BEACH, FL 33483

Title: TD ( ) Delete  
Name: ANSTE, SANDFORD  
Address: 10 SEA RD #3  
City-St-Zip: GULFSTREAM, FL 33483

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: GUYOT, SUZANNE  
Address: 3883 BERMUDA LANE #5  
City-St-Zip: DELRAY BEACH, FL 33483

Title: TD (X) Change ( ) Addition  
Name: ANSTEY, SANDFORD  
Address: 10 SEA RD #3  
City-St-Zip: GULFSTREAM, FL 33483

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WILLIAM ALLIS

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04/26/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date