

FILE NOW: FILING FEE IS \$61.25

FILED
May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 725786 (8)

1. Corporation Name
BERMUDA CLUB TWO ASSOCIATION, INC.



Principal Place of Business 6299 N. W. 57TH STREET TAMARAC FL 33319	Mailing Address 6299 N. W. 57TH STREET TAMARAC FL 33319
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3. Date Incorporated or Qualified
03/09/1973

4. FEI Number
59-1514216

Applied For	Not Applicable
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

HYMAN, MICHAEL L
19 W FLAGLER ST STE 416
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name Castle Property Services Group, Inc.
82 Street Address (P.O. Box Number is Not Acceptable) 4450 West Sunrise Blvd.
83 Suite C-100
84 City Plantation **FL** **85 Zip Code** 33313

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 *Gail H. Sangunett* **Gail H. Sangunett, Vice President - Administration 4/27/98**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EPSTEIN, ROSE	1.2 NAME	
STREET ADDRESS	8020 NW 64TH AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDMAN, BURT	2.2 NAME	
STREET ADDRESS	8070 NW 64TH AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUSKIN, DAVID	3.2 NAME	
STREET ADDRESS	8020 N.W. 64TH AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	3.4 CITY-ST-ZIP	
TITLE	ASD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AVERACK, BETTY	4.2 NAME	ASD Molly Hercovitzh
STREET ADDRESS	8070 N.W. 64TH AVE.	4.3 STREET ADDRESS	6070 N.W. 64th Ave.
CITY-ST-ZIP	TAMARAC FL	4.4 CITY-ST-ZIP	Tamarac, FL 33319
TITLE	TD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERTZ, ANN	5.2 NAME	Charles Mevanchik
STREET ADDRESS	8050 NW 64TH AVE.	5.3 STREET ADDRESS	6050 N.W. 64th Ave
CITY-ST-ZIP	TAMARAC FL	5.4 CITY-ST-ZIP	Tamarac, FL 33319
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVLIN, JACK	6.2 NAME	
STREET ADDRESS	8020 NW 64TH AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL 00000	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Burt Friedman* **Burt Friedman** **4/24/98** **959 - 721-8415**

Signature, typed or printed name of signing officer or director Date

CR2E037 (10/97)