

Bermuda Club Two A:

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 13, 2005 8:00 am
Secretary of State

06-13-2005 90271 001 ***306.25

66022891



03082005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2140795

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CASTLE MGMT INC
4450 WEST SUNRISE BLVD
SUITE C-100
PLANTATION, FL 33313

7. Name and Address of New Registered Agent

Name (CHANGE ADDRESS ONLY)

Street Address (P.O. Box Number is Not Acceptable)

12270 SW 3RD STREET

City PLANTATION

FL

Zip 33326

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE TD ☐ Delete
NAME HERTZ, ANN
STREET ADDRESS 6050 NW 64TH AVE. # 309
CITY - ST - ZIP TAMARAC, FL

TITLE P ☐ Delete
NAME FRIEDMAN, ADDIE
STREET ADDRESS 6070 NW 64TH AVE.
CITY - ST - ZIP TAMARAC, FL 33319

TITLE VD ☐ Delete
NAME WARSHAW, IRENE
STREET ADDRESS 6050 NW 64TH AVE
CITY - ST - ZIP TAMARAC, FL 33319

TITLE SD ☐ Delete
NAME RIVLIN, JACK
STREET ADDRESS 6020 NW 64TH AVE
CITY - ST - ZIP TAMARAC, FL 00000.

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WANDA S. WESTRIDGE 6/07/05 721-6646

Date

Daytime Phone #