

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **725789** (2)
1. Corporation Name
BERMUDA CLUB FOUR ASSOCIATION, INC.

Principal Place of Business: **6299 N.W. 57TH STREET TAMARAC FL 33319**
Mailing Address: **6299 N.W. 57TH STREET TAMARAC FL 33319**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/09/1973	3a. Date of Last Report 06/15/1994
4. FEI Number 59-1514281	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** **B5 Zip Code**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(Signature) (Typed name of registered agent and the registrant) (Typed name of registered agent) (Typed name of registrant)

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	TOPCHIK, LEE
STREET ADDRESS	6071 N.W. 61ST AVE.
CITY, ST, ZIP	TAMARAC FL 33319
TITLE	VD
NAME	CARLISI, VICKI
STREET ADDRESS	6200 N.W. 62ND ST.
CITY, ST, ZIP	TAMARAC FL 33319
TITLE	VD
NAME	ERNST, GEORGE
STREET ADDRESS	6071 NW 61 AVE
CITY, ST, ZIP	TAMARAC FL 33319
TITLE	TD
NAME	HERTZ, DOROTHY
STREET ADDRESS	6150 NW 62ND ST.
CITY, ST, ZIP	TAMARAC FL 33319
TITLE	SD
NAME	KALLISH, RUTH
STREET ADDRESS	6150 NW 62ND ST.
CITY, ST, ZIP	TAMARAC FL 33319
TITLE	ASD
NAME	SCHOICHET, LEO
STREET ADDRESS	6200 NW 62ND ST
CITY, ST, ZIP	TAMARAC FL 33319

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, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 the 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 addition.

SIGNATURE: Warren Kaufman, Pres. **WARREN KAUFMAN**
(SIGNATURE AND TITLE) OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95 (Date) (305)721-6645 (Typed Phone #)