

FILE NOW: FILING FEE IS \$61.25

FILED
May 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

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 33319-2305
--	---

3. Date incorporated or Qualified 03/09/1973	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1514281	Applied For 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

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
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	TOPCHIK, LEE	
STREET ADDRESS	6071 N.W. 61ST AVE.	
CITY-ST-ZIP	TAMARAC FL 33319	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CARLISI, VICKI	
STREET ADDRESS	6200 N.W. 62ND ST.	
CITY-ST-ZIP	TAMARAC FL 33319	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ERNST, GEORGE	
STREET ADDRESS	6071 NW 61 AVE	
CITY-ST-ZIP	TAMARAC FL 33319	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HERTZ, DOROTHY	
STREET ADDRESS	6150 NW 62ND ST.	
CITY-ST-ZIP	TAMARAC FL 33319	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	KALLISH, RUTH	
STREET ADDRESS	6150 NW 62ND ST.	
CITY-ST-ZIP	TAMARAC FL 33319	
TITLE	ASD	<input checked="" type="checkbox"/> DELETE
NAME	SCHOICHET, LEO	
STREET ADDRESS	6200 NW 62ND ST	
CITY-ST-ZIP	TAMARAC FL 33319	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Martin, Dorothy
3.3 STREET ADDRESS	6071 NW 61st Avenue
3.4 CITY-ST-ZIP	Tamarac, Fl. 33319
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Kallish, Ruth
4.3 STREET ADDRESS	6150 NW 62nd Street
4.4 CITY-ST-ZIP	Tamarac, Fl. 33319
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Hertz, Dorothy
5.3 STREET ADDRESS	6150 NW 62nd Street
5.4 CITY-ST-ZIP	Tamarac, Fl. 33319
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Kalinsky, Sophie
6.3 STREET ADDRESS	6200 NW 62nd Street
6.4 CITY-ST-ZIP	Tamarac, Fl. 33319

14. I do 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: Sandra B. Mortham PRESIDENT Date: 4/23/97 (954) 721-6645
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0035187

CR2E037 (9/96)