

5-5-98 B-6502 C  
FILE NOW: FILING FEE IS \$61.25

FILED  
May 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra M. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **725789** (2)

1. Corporation Name

**BERMUDA CLUB FOUR ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**6299 N.W. 57TH STREET  
TAMARAC FL 33319**

**6299 N.W. 57TH STREET  
TAMARAC FL 33319**



3. Date Incorporated or Qualified

**03/09/1973**

4. FEI Number

**59-1514281**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

**25** Country

**28** Zip

**30** Country

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

10. Name and Address of New Registered Agent

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

**81** Name **Castle Property Services Group, Inc.**

**82** Street Address (P.O. Box Number is Not Acceptable)  
**4450 West Sunrise Boulevard**

**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**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE  
NAME **TOPCHIK, LEE**  
STREET ADDRESS **6071 N.W. 61ST AVE.**  
CITY-ST-ZIP **TAMARAC FL 33319**

TITLE **VD** ☐ DELETE  
NAME **CARLISI, VICKI**  
STREET ADDRESS **6200 N.W. 62ND ST.**  
CITY-ST-ZIP **TAMARAC FL 33319**

TITLE **VD** ☒ DELETE  
NAME **MARTIN, DOROTHY**  
STREET ADDRESS **6071 N.W. 62ST AVE.**  
CITY-ST-ZIP **TAMARAC FL**

TITLE **TD** ☐ DELETE  
NAME **KALLISH, RUTH**  
STREET ADDRESS **6150 N.W. 62ND ST**  
CITY-ST-ZIP **TAMARAC FL**

TITLE **SD** ☐ DELETE  
NAME **HERTZ, DOROTHY**  
STREET ADDRESS **6150 N.W. 62ND ST**  
CITY-ST-ZIP **TAMARAC FL**

TITLE **ASD** ☐ DELETE  
NAME **KALINSKY, SOPHIE**  
STREET ADDRESS **6200 N.W. 62ND ST**  
CITY-ST-ZIP **TAMARAC FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME **VD**  
3.3 STREET ADDRESS **Judy Posner**  
3.4 CITY-ST-ZIP **6071 NW 61th Ave.  
Tamarac, FL 33319**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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: *LEONA TOPCHIK* **LEONA TOPCHIK** **4/23/98** **954. 300 5215**

CP2E037 (10/97)