

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 725790 (0)

1. Corporation Name

BERMUDA CLUB FIVE ASSOCIATION, INC.



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

3. Date Incorporated or Qualified: 03/09/1973
3a. Date of Last Report: 05/01/1995

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	59-1514280	Not Applicable
23	City & State	28	City & State	6.	Certificate of Status Desired	\$8.75 Additional Fee Required
24	Zip	29	Zip	7.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
25	Country	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HYMAN, MICHAEL L 19 W FLAGLER ST STE 416 MIAMI FL 33130				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	AST	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	AST	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	INNERFELD, MOLLIE		1.2 NAME	Rosen, Marion			
STREET ADDRESS	6001 NW 61ST AVE		1.3 STREET ADDRESS	6051 NW 61st Ave.			
CITY-ST-ZIP	TAMARAC, FL 00000		1.4 CITY-ST-ZIP	Tamarac, Fl. 33319	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
TITLE	SD	<input type="checkbox"/> DELETE	2.1 TITLE				
NAME	MAYER, FRANCES		2.2 NAME				
STREET ADDRESS	6001 NW 61ST AVE		2.3 STREET ADDRESS				
CITY-ST-ZIP	TAMARAC, FL 00000		2.4 CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SCHUBERT, ANN		3.2 NAME				
STREET ADDRESS	6091 NW 61ST AVE		3.3 STREET ADDRESS				
CITY-ST-ZIP	TAMARAC, FL 00000		3.4 CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SLOVES, LOUISE		4.2 NAME				
STREET ADDRESS	6091 NW 61ST AVE		4.3 STREET ADDRESS				
CITY-ST-ZIP	TAMARAC, FL 00000		4.4 CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KEILES, JACK		5.2 NAME				
STREET ADDRESS	6051 NW 61 AVE		5.3 STREET ADDRESS				
CITY-ST-ZIP	TAMARAC FL 33319		5.4 CITY-ST-ZIP				
TITLE	PD	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ROSEN, MURRAY		6.2 NAME	Henig, Martin			
STREET ADDRESS	6051 NW 61 AVE		6.3 STREET ADDRESS	6001 NW 61st Ave.			
CITY-ST-ZIP	TAMARAC, FL 00000		6.4 CITY-ST-ZIP	Tamarac, Fl. 33319			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Martin Henig 4/16/96 (954) 777-5019
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)