

FILE NOW: FILING FEE IS \$61.25

FILED  
May 21 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **725790** (0)  
1. Corporation Name  
**BERMUDA CLUB FIVE ASSOCIATION, INC.**



Principal Place of Business <b>6299 N. W. 57TH STREET TAMARAC FL 33319</b>	Mailing Address <b>6299 N. W. 57TH STREET TAMARAC FL 33319-2305</b>
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3. Date Incorporated or Qualified <b>03/09/1973</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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4. FEI Number <b>59-1514280</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	<b>AST</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ROSEN, MARION</b>	
STREET ADDRESS	<b>6051 NW 61ST AVE.</b>	
CITY-ST-ZIP	<b>TAMARAC FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>MAYER, FRANCES</b>	
STREET ADDRESS	<b>6001 NW 61ST AVE</b>	
CITY-ST-ZIP	<b>TAMARAC, FL 00000</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHUBERT, ANN</b>	
STREET ADDRESS	<b>6091 NW 61ST AVE</b>	
CITY-ST-ZIP	<b>TAMARAC, FL 00000</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>SLOVES, LOUISE</b>	
STREET ADDRESS	<b>6091 NW 61ST AVE</b>	
CITY-ST-ZIP	<b>TAMARAC, FL 00000</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KEILES, JACK</b>	
STREET ADDRESS	<b>6051 NW 61 AVE</b>	
CITY-ST-ZIP	<b>TAMARAC FL 33319</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>HENIG, MARTIN</b>	
STREET ADDRESS	<b>6001 NW 61ST AVE.</b>	
CITY-ST-ZIP	<b>TAMARAC FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Becker, Irvin</b>	
1.3 STREET ADDRESS	<b>6051 NW 61st Avenue</b>	
1.4 CITY-ST-ZIP	<b>Tamarac, Fl. 33319</b>	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Bernstein, Jerry</b>	
5.3 STREET ADDRESS	<b>6051 NW 61st Avenue</b>	
5.4 CITY-ST-ZIP	<b>Tamarac, Fl. 33319</b>	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: Martin Henig PRESIDENT Date: **4/23/97** (954) 721-6645  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0035183

CR2E037 (9/96)