

FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **725790** (0)

1. Corporation Name

BERMUDA CLUB FIVE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip 25 Country

28 Zip 29 Country

9. Name and Address of Current Registered Agent

**HYMAN, MICHAEL L
18 W FLAGLER ST STE 416
MIAMI FL 33130**

3. Date Incorporated or Qualified

03/09/1973

4. FEI Number

59-1514280

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

Castle Property Services Group, Inc.

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**4450 West Sunrise Blvd.
Suite C-100**

83

84 City Plantation

FL

33319

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Gail H. Sangunett, Vice President - Administration 4/27/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **AST
BECKER, IRVIN**
STREET ADDRESS **6051 N.W. 62ST AVE.**
CITY-ST-ZIP **TAMARAC FL**

TITLE ☐ DELETE

NAME **SD
MAYER, FRANCES**
STREET ADDRESS **6001 NW 61ST AVE**
CITY-ST-ZIP **TAMARAC, FL 00000**

TITLE ☒ DELETE

NAME **TD
SCHUBERT, ANN**
STREET ADDRESS **6091 NW 61ST AVE**
CITY-ST-ZIP **TAMARAC, FL 00000**

TITLE ☐ DELETE

NAME **VD
SLOVES, LOUISE**
STREET ADDRESS **6091 NW 61ST AVE**
CITY-ST-ZIP **TAMARAC, FL 00000**

TITLE ☐ DELETE

NAME **VD
BERNSTEIN, JERRY**
STREET ADDRESS **6051 N.W. 61ST AVE**
CITY-ST-ZIP **TAMARAC FL**

TITLE ☐ DELETE

NAME **PD
HENIG, MARTIN**
STREET ADDRESS **6001 NW 61ST AVE.**
CITY-ST-ZIP **TAMARAC FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**TD
Molly Innerfeld
6001 N.W. 61th Avenue
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:

Martin Henig

4/25/98 722-5099

CP2ED037 (1097)