

FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</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</b>
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3. Date Incorporated or Qualified <b>03/09/1973</b>	
4. FEI Number <b>59-1514280</b>	Applied For <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
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**HYMAN, MICHAEL L**  
**18 W FLAGLER ST STE 416**  
**MIAMI FL 33130**

10. Name and Address of New Registered Agent  
81 Name **Castle Property Services Group, Inc.**  
82 Street Address (P.O. Box Number is Not Acceptable) **4450 West Sunrise Blvd.**  
83 **Suite C-100**  
84 City **Plantation** FL 85 **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* **Gail H. Sangunett, Vice President - Administration 4/27/98**  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	AST	<input type="checkbox"/> DELETE
NAME	BECKER, IRVIN	
STREET ADDRESS	6051 N.W. 62ST AVE.	
CITY-ST-ZIP	TAMARAC FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MAYER, FRANCES	
STREET ADDRESS	6001 NW 61ST AVE	
CITY-ST-ZIP	TAMARAC, FL 00000	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SCHUBERT, ANN	
STREET ADDRESS	6091 NW 61ST AVE	
CITY-ST-ZIP	TAMARAC, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SLOVES, LOUISE	
STREET ADDRESS	6091 NW 61ST AVE	
CITY-ST-ZIP	TAMARAC, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BERNSTEIN, JERRY	
STREET ADDRESS	6051 N.W. 61ST AVE	
CITY-ST-ZIP	TAMARAC FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	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	<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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TD Molly Innerfeld
3.3 STREET ADDRESS	6001 N.W. 61th Avenue
3.4 CITY-ST-ZIP	Tamarac, FL 33319
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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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* **Henig Martin 4/25/98 722-5099 954**

CFR2E037 (1097)