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Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 725790

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



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2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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

9. Name and Address of Current Registered Agent

CASTLE PROPERTY SERVICES GROUP INC.  
4450 WEST SUNRISE BLVD  
SUITE C-100  
PLANTATION FL 33313

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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

TITLE TD ☒ DELETE  
NAME INNERFIELD, MOLLY  
STREET ADDRESS 6091 NW 61ST AVE  
CITY-ST-ZIP TAMARAC, FL 00000 33319

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

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

TITLE PD ☐ 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 ☐ 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 TD  
3.3 STREET ADDRESS Shubert, ANN  
3.4 CITY-ST-ZIP 6001 NW 61st AVE # 211  
TAMARAC, FL

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, with all other like empowered.

SIGNATURE:

Martin Henig, President

4/20/99

(954) 792-6000