

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **725790**

1. Entity Name

BERMUDA CLUB FIVE ASSOCIATION, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90057 019 ****61.25

Principal Place of Business

Mailing Address

6299 N. W. 57TH STREET
 TAMARAC FL 33319

6299 N. W. 57TH STREET
 TAMARAC FL 33319-2305

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1514280

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Castle Management, Inc.

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Gail H. Sangunett

Gail H. Sangunett, Vice President - Admin

4/20/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

- TITLE **SD** Delete
- NAME **MAYER, FRANCES**
- STREET ADDRESS **6001 NW 61ST AVE**
- CITY-ST-ZIP **TAMARAC, FL 00000**
- TITLE **TD** Delete
- NAME **SHUBERT, ANN**
- STREET ADDRESS **6001 NW 61ST AVE # 211**
- CITY-ST-ZIP **TAMARAC FL 33319**
- 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**
- TITLE **PD** Delete
- NAME
- STREET ADDRESS
- CITY-ST-ZIP
- TITLE Delete
- NAME
- STREET ADDRESS
- CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

- TITLE **PD** Change Addition
- NAME **BONAFINO, MARLENE**
- STREET ADDRESS **6001 NW 61 AVE**
- CITY-ST-ZIP **TAMARAC, FL 33319**
- TITLE Change Addition
- NAME
- STREET ADDRESS
- CITY-ST-ZIP
- TITLE Change Addition
- NAME
- STREET ADDRESS
- CITY-ST-ZIP
- TITLE Change Addition
- NAME
- STREET ADDRESS
- CITY-ST-ZIP
- TITLE Change Addition
- NAME
- STREET ADDRESS
- CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other persons empowered.

SIGNATURE:

Marlene Bonafino

Marlene Bonafino, President 4/19/00 (954) 792-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)