

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Norman
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

53 MAY - 1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **725791** (8)
1. Corporation Name
BERMUDA CLUB SIX ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **6299 NW 57TH STREET TAMARAC FL 33319**
Mailing Address: **6299 NW 57TH STREET TAMARAC FL 33319**

3. Date Incorporated or Qualified: **03/09/1973**
3a. Date of Last Report: **06/01/1994**
4. FEI Number: **59-1514284**
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status: **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability of intangible tax under § 109.032, Florida Statutes: Yes No

2. Principal Place of Business: **21** Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 **25** Country
2a. Mailing Address: **26** Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 Country
30

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ Registered Agent (Print Name of Registered Agent and State of Signature) _____ Registered Agent (Print Name of Registered Agent and State of Signature) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLICKSTEIN, HARRIET	12 NAME	
STREET ADDRESS	5901 NW 81ST AVE.	13 STREET ADDRESS	
CITY, ST, ZIP	TAMARAC FL 33319	14 CITY, ST, ZIP	
TITLE	VP	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUDNOW, ETHEL	22 NAME	
STREET ADDRESS	5961 NW 81ST AVE.	23 STREET ADDRESS	
CITY, ST, ZIP	TAMARAC FL 33319	24 CITY, ST, ZIP	
TITLE	VP	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDMUTTER, DAVID	32 NAME	
STREET ADDRESS	5961 N.W. 61ST AVE.	33 STREET ADDRESS	
CITY, ST, ZIP	TAMARAC FL 33319	34 CITY, ST, ZIP	
TITLE	SD	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASTERNAK, REGINA	42 NAME	
STREET ADDRESS	6021 NW 81ST AVE	43 STREET ADDRESS	
CITY, ST, ZIP	TAMARAC FL 33319	44 CITY, ST, ZIP	
TITLE	TD	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIEBERMAN, LOU	52 NAME	
STREET ADDRESS	5901 N.W. 81ST AVE.	53 STREET ADDRESS	
CITY, ST, ZIP	TAMARAC FL 33319	54 CITY, ST, ZIP	
TITLE	ASD	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENTHAL, MILTON	62 NAME	
STREET ADDRESS	6021 NW 81 AVE	63 STREET ADDRESS	
CITY, ST, ZIP	TAMARAC FL 33319	64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: **WARREN KAUFMAN**
Warren Kaufman, Pres
DATE: **4/28/95**
CLERK: **(305) 721-6645**