

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 <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability of intangible tax under § 109.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

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 Residence) _____ Registered Agent (Print Name and State of Residence) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	BLICKSTEIN, HARRIET 5901 NW 81ST AVE. TAMARAC FL 33319	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP	BUDNOW, ETHEL 5961 NW 81ST AVE. TAMARAC FL 33319	21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP	FRIEDMUTTER, DAVID 5961 N.W. 61ST AVE. TAMARAC FL 33319	31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD	PASTERNAK, REGINA 6021 NW 81ST AVE TAMARAC FL 33319	41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD	LIEBERMAN, LOU 5901 N.W. 81ST AVE. TAMARAC FL 33319	51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE ASD	ROSENTHAL, MILTON 6021 NW 81 AVE TAMARAC FL 33319	61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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** (Type)
(305) 721-6645 (Typed Name & Number)