

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 725791 (8)

1. Corporation Name  
**BERMUDA CLUB SIX ASSOCIATION, INC.**



Principal Place of Business: 6299 N.W. 57TH STREET TAMARAC FL 33319  
Mailing Address: 6299 N.W. 57TH STREET TAMARAC FL 33319

3. Date Incorporated or Qualified: 03/09/1973  
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business (21) 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) Suite, Apt. #, etc. (27)

City & State (23) City & State (28)

Zip (24) Country (25) Zip (29) Country (30)

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLICKSTEIN, HARRIET	1.2 NAME	
STREET ADDRESS	5901 NW 61ST AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33319	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUDNOW, ETHEL	2.2 NAME	
STREET ADDRESS	5961 NW 61ST AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33319	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDMUTTER, DAVID	3.2 NAME	
STREET ADDRESS	5961 N.W. 61ST AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33319	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASTERNAK, REGINA	4.2 NAME	
STREET ADDRESS	6021 NW 61ST AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33319	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIEBERMAN, LOU	5.2 NAME	
STREET ADDRESS	5901 N.W. 61ST AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33319	5.4 CITY-ST-ZIP	
TITLE	ASD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENTHAL, MILTON	6.2 NAME	
STREET ADDRESS	6021 NW 61 AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33319	6.4 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 119.07(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: James Lieberman Date: 4/16/96 Daytime Phone #: (954) 726-3844  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)