

FILE NOW: FILING FEE IS \$61.25

FILED

**May 21 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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 33319-2305
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3. Date Incorporated or Qualified 03/09/1973	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip 24	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country 29	2b. Mailing Address 30 City & State 31 Zip 32 Country
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4. FEI Number 59-1514284	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 _____
 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 PD	<input type="checkbox"/> DELETE
NAME BLICKSTEIN, HARRIET	
STREET ADDRESS 5901 NW 61ST AVE.	
CITY-ST-ZIP TAMARAC FL 33319	
TITLE VP	<input type="checkbox"/> DELETE
NAME BUDNOW, ETHEL	
STREET ADDRESS 5961 NW 61ST AVE.	
CITY-ST-ZIP TAMARAC FL 33319	
TITLE VP	<input checked="" type="checkbox"/> DELETE
NAME FRIEDMUTTER, DAVID	
STREET ADDRESS 5961 N.W. 61ST AVE.	
CITY-ST-ZIP TAMARAC FL 33319	
TITLE SD	<input type="checkbox"/> DELETE
NAME PASTERNAK, REGINA	
STREET ADDRESS 6021 NW 61ST AVE	
CITY-ST-ZIP TAMARAC FL 33319	
TITLE TD	<input type="checkbox"/> DELETE
NAME LIEBERMAN, LOU	
STREET ADDRESS 5901 N.W. 61ST AVE.	
CITY-ST-ZIP TAMARAC FL 33319	
TITLE ASD	<input type="checkbox"/> DELETE
NAME ROSENTHAL, MILTON	
STREET ADDRESS 6021 NW 61 AVE	
CITY-ST-ZIP TAMARAC FL 33319	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME Greenspan, Rose	
3.3 STREET ADDRESS 5961 NW 61st Avenue	
3.4 CITY-ST-ZIP Tamarac, Fl. 33319	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Harriet Blickstein* PRESIDENT 4/23/97 (954) 721-6645
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000184

CR2E037 (9/96)