

FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Morham</b> 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 <b>6299 N.W. 57TH STREET TAMARAC FL 33319</b>	Mailing Address <b>6299 N.W. 57TH STREET TAMARAC FL 33319</b>
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3. Date Incorporated or Qualified  
**03/09/1973**

4. FEI Number <b>59-1514284</b>	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>22</b>	City & State <b>27</b>
Zip <b>23</b>	Country <b>28</b>
Country <b>24</b>	Country <b>30</b>

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. Is this nonprofit corporation a homeowners association?  
☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**HYMAN, MICHAEL J  
19 W FLAGLER ST STE 416  
MIAMI FL 33130**

10. Name and Address of New Registered Agent

81 Name <b>Castle Property Services Group, Inc.</b>
82 Street Address (P.O. Box is not acceptable) <b>1450 West Sunrise Blvd.</b>
83 Suite <b>Suite C-100</b>
84 City <b>Plantation</b>
85 State <b>FL</b>
86 Zip <b>33313</b>

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.

**Gail H. Sangunett, Vice President - Administration 4/27/98**

SIGNATURE *Gail H. Sangunett*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>BLICKSTEIN, HARRIET</b>		1.2 NAME	
STREET ADDRESS <b>5901 NW 61ST AVE.</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>TAMARAC FL 33319</b>		1.4 CITY-ST-ZIP	
TITLE <b>VP</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>BUDNOW, ETHEL</b>		2.2 NAME <b>Ben Hutt</b>	
STREET ADDRESS <b>5961 NW 61ST AVE.</b>		2.3 STREET ADDRESS <b>6021 N.W. 61th Ave.</b>	
CITY-ST-ZIP <b>TAMARAC FL 33319</b>		2.4 CITY-ST-ZIP <b>Tamarac, FL 33319</b>	
TITLE <b>VP</b>	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>GREENSPAN, ROSE</b>		3.2 NAME	
STREET ADDRESS <b>5961 N.W. 61ST AVE.</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>TAMARAC FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>SD</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>PASTERNAK, REGINA</b>		4.2 NAME	
STREET ADDRESS <b>6021 NW 61ST AVE</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>TAMARAC FL 33319</b>		4.4 CITY-ST-ZIP	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>LIEBERMAN, LOU</b>		5.2 NAME	
STREET ADDRESS <b>5901 N.W. 61ST AVE.</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>TAMARAC FL 33319</b>		5.4 CITY-ST-ZIP	
TITLE <b>ASD</b>	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>ROSENTHAL, MILTON</b>		6.2 NAME	
STREET ADDRESS <b>6021 NW 61 AVE</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>TAMARAC FL 33319</b>		6.4 CITY-ST-ZIP	

14. 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 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: *Lou Lieberman* **4/27/98** **957-721-6645**

CR2E037 (10/97)