

FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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
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3. Date Incorporated or Qualified 03/09/1973	
4. FEI Number 59-1514284	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
23. City & State	24. City & State
25. Zip	26. Country

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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent HYMAN, MICHAEL I 19 W FLAGLER ST STE 416 MIAMI FL 33130	
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10. Name and Address of New Registered Agent 81 Name Castle Property Services Group, Inc.	
82 Street Address (If 150 West Sunrise Blvd. Suite C-100)	
83	84 City Plantation FL 85 33313

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* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PD	<input type="checkbox"/>
NAME	BLICKSTEIN, HARRIET	
STREET ADDRESS	5901 NW 61ST AVE.	
CITY-ST-ZIP	TAMARAC FL 33319	
TITLE	VP	<input checked="" type="checkbox"/>
NAME	BUDNOW, ETHEL	
STREET ADDRESS	5961 NW 61ST AVE.	
CITY-ST-ZIP	TAMARAC FL 33319	
TITLE	VP	<input checked="" type="checkbox"/>
NAME	GREENSPAN, ROSE	
STREET ADDRESS	5961 N.W. 61ST AVE.	
CITY-ST-ZIP	TAMARAC FL	
TITLE	SD	<input checked="" type="checkbox"/>
NAME	PASTERNAK, REGINA	
STREET ADDRESS	6021 NW 61ST AVE	
CITY-ST-ZIP	TAMARAC FL 33319	
TITLE	TD	<input type="checkbox"/>
NAME	LIEBERMAN, LOU	
STREET ADDRESS	5901 N.W. 61ST AVE.	
CITY-ST-ZIP	TAMARAC FL 33319	
TITLE	ASD	<input type="checkbox"/>
NAME	ROSENTHAL, MILTON	
STREET ADDRESS	8021 NW 61 AVE	
CITY-ST-ZIP	TAMARAC FL 33319	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	VP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	Ben Hutt		
2.3 STREET ADDRESS	6021 N.W. 61th Ave.		
2.4 CITY-ST-ZIP	Tamarac, FL 33319		
3.1 TITLE		<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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* 4/27/98 957-7216645

CR2037 (10/97)