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95 MAY -1 AM 7:57

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 725792 (6)

1. Corporation Name

BERMUDA CLUB SEVEN ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

6299 N.W. 57TH STREET
TAMARAC FL 33319

6299 N.W. 57TH STREET
TAMARAC FL 33319

3. Date Incorporated or Qualified

03/09/1973

3a. Date of Last Report

06/16/1994

4. FEI Number

59-1514283

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status

\$68.75 Supplemental Fee Not Required

8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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: VD
NAME: COOPER, ROSLYN
STREET ADDRESS: 5851 N.W. 62ND AVE.
CITY - ST - ZIP: TAMARAC FL 33319

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

Change Addition

TITLE: PD
NAME: STROMFELD, MORRIS
STREET ADDRESS: 5851 NW 62ND AVE
CITY - ST - ZIP: TAMARAC, FL 00000

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

Change Addition

TITLE: VD
NAME: TAUBER, SID
STREET ADDRESS: 5841 NW 81 AVE
CITY - ST - ZIP: TAMARAC, FL 00000

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

Change Addition

VD
RUTH FRIEDBERG
5841 N.W. 61st Avenue
Tamarac, Florida 33319

Change Addition

TITLE: SD
NAME: COHEN, GLORIA
STREET ADDRESS: 5841 NW 81 AVE
CITY - ST - ZIP: TAMARAC, FL 00000

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE: VD
NAME: SHENKMAN, MAX
STREET ADDRESS: 6161 N.W. 57TH COURT
CITY - ST - ZIP: TAMARAC FL 33319

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

Change Addition

TITLE: YD
NAME: CARLSON, MARVIN
STREET ADDRESS: 6161 NW 57 CT
CITY - ST - ZIP: TAMARAC FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

Change 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 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

Ruth Friedberg
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/28/95

(305) 721-6645

Date

Daytime Phone #

-RUTH FRIEDBERG