

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 # 725792 (6)

1. Corporation Name

BERMUDA CLUB SEVEN ASSOCIATION, INC.



Principal Place of Business

Mailing Address

6299 N.W. 57TH STREET
TAMARAC FL 33319

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TAMARAC FL 33319

3. Date Incorporated or Qualified 03/09/1973	3a. Date of Last Report 05/01/1995
4. FEI Number 59-1514283	Applied For 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	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, ROSLYN	1.2 NAME	
STREET ADDRESS	5851 N.W. 62ND AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33319	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STROMFELD, MORRIS	2.2 NAME	
STREET ADDRESS	5851 NW 62ND AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL 00000	2.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDBERG, RUTH	3.2 NAME	VD
STREET ADDRESS	5841 NW 61 AVE	3.3 STREET ADDRESS	Tauber, Sid
CITY-ST-ZIP	TAMARAC FL 33319	3.4 CITY-ST-ZIP	5841 NW 61st Ave.
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	Tamarac, Fl. 33319
NAME	COHEN, GLORIA	4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5841 NW 61 AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL 00000	4.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	ASD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHENKMAN, MAX	5.2 NAME	Shenkman, Max
STREET ADDRESS	6161 N.W. 57TH COURT	5.3 STREET ADDRESS	6161 NW 57th Court
CITY-ST-ZIP	TAMARAC FL 33319	5.4 CITY-ST-ZIP	Tamarac, Fl. 33319
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLSON, MARVIN	6.2 NAME	
STREET ADDRESS	6161 NW 57 CT	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Morris Stromfeld

4/15/96 721-5923

CR2E037 (12/95)