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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 # **725792** (6)

1. Corporation Name

BERMUDA CLUB SEVEN ASSOCIATION, INC.

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

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

23 Zip

Country

28 Zip

Country

24 Zip

Country

29 Zip

Country

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

Castle Property Services Group, Inc.

82 Street Address (P.O. Box Number is Not Acceptable)

4450 West Sunrise Boulevard

83

Suite C-100

84 City

Plantation

FL

85 Zip Code

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.

SIGNATURE

Gail H. Sangunett

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

(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 checked="" type="checkbox"/> DELETE
NAME	STRAUSS, REVA	
STREET ADDRESS	5851 N.W. 62ND AVE.	
CITY - ST - ZIP	TAMARAC FL	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PLATT, ANN	
STREET ADDRESS	5851 NW 62ND AVE	
CITY - ST - ZIP	TAMARAC, FL 00000	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SEILER, ELEANOR	
STREET ADDRESS	5841 NW 61ST AVE.	
CITY - ST - ZIP	TAMARAC FL	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	COHEN, GLORIA	
STREET ADDRESS	5841 NW 61 AVE	
CITY - ST - ZIP	TAMARAC, FL 00000	

TITLE	ASD	<input type="checkbox"/> DELETE
NAME	SHENKMAN, MAX	
STREET ADDRESS	6161 NW 57TH COURT	
CITY - ST - ZIP	TAMARAC FL	

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	CARLSON, MARVIN	
STREET ADDRESS	6161 NW 57 CT	
CITY - ST - ZIP	TAMARAC FL	

1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Ruth Friedberg	
1.3 STREET ADDRESS	5841 N.W. 61th Ave	
1.4 CITY - ST - ZIP	Tamarac, FL 33319	

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	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Ema Portelli	
3.3 STREET ADDRESS	6161 N.W. 57th Court	
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	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Elsie Stronfeld	
6.3 STREET ADDRESS	5851 N.W. 62nd Avenue	
6.4 CITY - ST - ZIP	Tamarac, FL 33319	

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:

Ann Platt

Ann Platt, President

4/27/98

(954) 724-6641

CR25037 (10/97)