

FILE NOW: FILING FEE IS \$61.25

FILED
May 06 1998 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # **725792** (6)
1. Corporation Name

BERMUDA CLUB SEVEN ASSOCIATION, INC.



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|--|--|
| Principal Place of Business 6209 N.W. 57TH STREET TAMARAC FL 33319 | Mailing Address 6209 N.W. 57TH STREET TAMARAC FL 33319 |
|--|--|

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|--|
| 3. Date Incorporated or Qualified 03/09/1973 |
| 4. FEI Number 59-1514283 |
| Applied For <input type="checkbox"/> Not Applicable |

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

| | |
|---|---------------------------------------|
| 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 type="checkbox"/> No | |

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: 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

| | |
|--|--|
| 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 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--|--|
| 1.1 TITLE VD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME Ruth Friedberg | |
| 1.2 STREET ADDRESS 5841 N.W. 61th Ave | |
| 1.3 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 |
| NAME Ema Portelli | |
| 3.2 STREET ADDRESS 6161 N.W. 57th Court | |
| 3.3 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 |
| NAME ElsieStronfeld | |
| 6.2 STREET ADDRESS 5851 N.W. 62nd Avenue | |
| 6.3 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**

CR2E037 (10/97)