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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90223 003 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 725792

1. Corporation Name

BERMUDA CLUB SEVEN ASSOCIATION, INC.



405492-90223-3



Principal Place of Business

6299 N.W. 57TH STREET
 TAMARAC FL 33319

Mailing Address

6299 N.W. 57TH STREET
 TAMARAC FL 33319

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

03/09/1973

4. FEI Number

59-1514283

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

CASTLE PROPERTY SERVICES GROUP INC.
4450 WEST SUNRISE BLVD
SUITE C-100
PLANTATION FL 33313

10. Name and Address of New Registered Agent

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 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

TITLE **VD** DELETE
 NAME **FRIEDBERG, RUTH**
 STREET ADDRESS **5851 N.W. 62ND AVE.**
 CITY-ST-ZIP **TAMARAC FL 33319**

TITLE **PD** DELETE
 NAME **PLATT, ANN**
 STREET ADDRESS **5851 NW 62ND AVE**
 CITY-ST-ZIP **TAMARAC, FL 00000**

TITLE **VD** DELETE
 NAME **PORTELLI, EMMA**
 STREET ADDRESS **6161 NW 57TH COURT**
 CITY-ST-ZIP **TAMARAC FL 33319**

TITLE **SD** DELETE
 NAME **COHEN, GLORIA**
 STREET ADDRESS **5841 NW 61 AVE**
 CITY-ST-ZIP **TAMARAC, FL 00000**

TITLE **ASD** DELETE
 NAME **SHENKMAN, MAX**
 STREET ADDRESS **6161 NW 57TH COURT**
 CITY-ST-ZIP **TAMARAC FL**

TITLE **TD** DELETE
 NAME **STRONFELD, ELSIE**
 STREET ADDRESS **5851 NW 62ND AVENUE**
 CITY-ST-ZIP **TAMARAC FL 33319**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE Change Addition
 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, with all other like empowered.

SIGNATURE:

Ann Platt
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99

(954) 792-6000

Date

Daytime Phone #

CR2E037-11/98