

FILE NOW: FILING FEE IS \$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.

Principal Place of Business

6299 N.W. 57TH STREET
TAMARAC FL 33319

Mailing Address

6299 N.W. 57TH STREET
TAMARAC FL 33319

FILED
Apr 23, 1999 8:00 am
Secretary of State

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/09/1973	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1514283	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$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
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDBERG, RUTH	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	PLATT, ANN	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 type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTELLI, EMMA	3.2 NAME	
STREET ADDRESS	6161 NW 57TH COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33319	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, GLORIA	4.2 NAME	
STREET ADDRESS	5841 NW 61 AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL 00000	4.4 CITY-ST-ZIP	
TITLE	ASD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHENKMAN, MAX	5.2 NAME	
STREET ADDRESS	6161 NW 57TH COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	5.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRONFELD, ELSIE	6.2 NAME	
STREET ADDRESS	5851 NW 62ND AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33319	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* Ann Platt, Pres.

4/20/99

(954) 792-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037-11/98