

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90116 027 ****61.25

DOCUMENT # 725792

1. Entity Name
BERMUDA CLUB SEVEN ASSOCIATION, INC.

Principal Place of Business Mailing Address
6299 N.W. 57TH STREET **6299 N.W. 57TH STREET**
TAMARAC FL 33319 **TAMARAC FL 33319**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-1514283** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CASTLE MGMT INC
450 WEST SUNRISE BLVD
SUITE C-100
PLANTATION FL 33313

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	PLATT, ANN	
STREET ADDRESS	5851 NW 62ND AVE	
CITY-ST-ZIP	TAMARAC, FL 00000	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PORTELLI, EMMA	
STREET ADDRESS	6161 NW 57TH COURT	
CITY-ST-ZIP	TAMARAC FL 33319	
TITLE	SD	<input type="checkbox"/> Delete
NAME	COHEN, GLORIA	
STREET ADDRESS	5841 NW 61 AVE	
CITY-ST-ZIP	TAMARAC, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	STROMFELD, ELSIE	
STREET ADDRESS	5851 NW 62ND AVENUE	
CITY-ST-ZIP	TAMARAC FL 33319	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information indicated on this report or supplement of the corporation or the receiver or changed, or on an attachment with, 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 empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if address, with all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND

[Signature]
 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elsie Stromfeld **4-24-02**
 Date Daytime Phone #

CR2E037 (9/01)