

Bermuda Club Seven

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jun 13, 2005 8:00 am Secretary of State

06-13-2005 90271 002 ***306.25

DOCUMENT # 725792
1. Entity 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

66022896



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

03082005 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
59-1514283
Applied For
Not Applicable

Zip
Country

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

6. Name and Address of Current Registered Agent
CASTLE MGMT INC
4450 WEST SUNRISE BLVD
SUITE C-100
PLANTATION, FL 33313

7. Name and Address of New Registered Agent
Name (CHANGE ADDRESS ONLY)
Street Address (P.O. Box Number is Not Acceptable)
12270 SW 3RD STREET
City PLANTATION FL Zip 33325

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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2005

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

Make check payable to Florida Department of State

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include PD PLATT, ANN; VD PORTELLI, EMMA; SD COHEN, GLORIA; D STROMFELD, ELSIE.

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. For ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Wanda S. Westridge WANDA S. WESTRIDGE 6/7/05 721-6646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #