


Bermuda Club Seven Association, Inc.

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 15, 2006 8:00 am Secretary of State

05-15-2006 90041 045 ****61.25

| | |
|---|---|
| DOCUMENT # 725792 1. Entity Name BERMUDA CLUB SEVEN ASSOCIATION, INC. |  |
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40092056



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

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

04152006 Chg-NP CR2E037 (11/05)

| | | | |
|--------------|--------------|------------------------------------|-------------------------------|
| City & State | City & State | 4. FEI Number 59-1514283 | Applied For Not Applicable |
|--------------|--------------|------------------------------------|-------------------------------|

| | | | | | |
|-----|---------|-----|---------|---|---------------------------------------|
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|-----|---------|-----|---------|---|---------------------------------------|

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|--|--|--|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| CASTLE MGMT INC 12270 SW 3RD STREET PLANTATION, FL 33325 | | 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. 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, 2006**

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

**Make check payable to
Florida Department of State**

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD PLATT, ANN 5851 NW 62ND AVE TAMARAC, FL 00000, <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD PORTELLI, EMMA 6161 NW 57TH COURT TAMARAC, FL 33319 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD COHEN, GLORIA 5841 NW 61 AVE TAMARAC, FL 00000, <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D STROMFELD, ELSIE 5851 NW 62ND AVENUE TAMARAC, FL 33319 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD LIEBERMAN, JEAN 5851 nw 62ND AVE. TAMARAC, FL 33319 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | .. <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | . <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | . <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | . <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Elsie Stromfeld
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-5-06 954 721-5923
Date Daytime Phone #

Elsie Stromfeld