


Bermuda Club Seven Association, Inc.

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

# FILED May 11, 2007 8:00 am Secretary of State

05-11-2007 90025 023 \*\*\*\*61.25

<b>DOCUMENT # 725792</b>					
1. Entity Name <b>BERMUDA CLUB SEVEN ASSOCIATION, INC.</b>					
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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1514283</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
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 <b>STANLEY FAUST</b>		
			Street Address (P.O. Box Number is Not Acceptable) <b>6299 N.W. 57TH STREET</b>		
			<b>MANAGEMENT OFFICE</b>		
			City <b>TAMARAC</b>		FL <b>33319</b>
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 <i>Stanley Faust</i>		<i>President</i>		DATE <i>5-2-07</i>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LIEBREMAN, JEAN		NAME		
STREET ADDRESS	5851 NW 62ND AVE		STREET ADDRESS		
CITY-ST-ZIP	TAMARAC, FL 33319		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PORTELLI, EMMA		NAME		
STREET ADDRESS	6161 NW 57TH COURT		STREET ADDRESS		
CITY-ST-ZIP	TAMARAC, FL 33319		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STROMFELD, ELSIE		NAME		
STREET ADDRESS	5851 NW 62ND AVENUE		STREET ADDRESS		
CITY-ST-ZIP	TAMARAC, FL 33319		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Stanley Faust</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
				Daytime Phone #	

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