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95 MAY -1 AM 7:57

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS*

DOCUMENT # 725793 (4)
1. Corporation Name
BERMUDA CLUB EIGHT ASSOCIATION, INC.

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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. **26** Suite, Apt. #, etc.
22 City & State **27** City & State
23 Zip Country **29** Zip Country **30**

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified **03/09/1973** 3a. Date of Last Report **06/16/1994**
4. FEI Number **59-1514279** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**HYMAN, MICHAEL L
19 W FLAGLER ST STE 416
MIAMI FL 33130**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LEVITT, JACK
STREET ADDRESS	5801 NW 62ND AVE
CITY - ST - ZIP	TAMARAC FL
TITLE	ADS
NAME	COHEN, SHIRLEY
STREET ADDRESS	5890 N.W. 64TH AVE.
CITY - ST - ZIP	TAMARAC FL 33319
TITLE	VD
NAME	GROSSMAN, DAVE
STREET ADDRESS	5860 NW 64TH AVE
CITY - ST - ZIP	TAMARAC FL
TITLE	SD
NAME	MORRISON, ALICE
STREET ADDRESS	5860 N.W. 64TH AVE.
CITY - ST - ZIP	TAMARAC FL 33319
TITLE	V
NAME	RAELSON, GERT
STREET ADDRESS	5890 NW 64TH AVE
CITY - ST - ZIP	TAMARAC FL
TITLE	TD
NAME	GROSS, HAROLD
STREET ADDRESS	5801 NW 62ND AVE
CITY - ST - ZIP	TAMARAC FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SD
4.3 STREET ADDRESS	ESTHER ARKIN
4.4 CITY - ST - ZIP	5860 N.W. 64th Avenue Tamarac, Florida 33319
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

B. Rank *10/30/95*

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **4/28/95** (305) 721-6645
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **JACK LEVITT** PRESIDENT
0070917