


FILE NOW: FILING FEE IS \$61.25

FILED
May 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **725793** (4)
1. Corporation Name
BERMUDA CLUB EIGHT ASSOCIATION, INC.



Principal Place of Business 6299 N.W. 57TH STREET TAMARAC FL 33319	Mailing Address 6299 N.W. 57TH STREET TAMARAC FL 33319-2305
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3. Date Incorporated or Qualified 03/09/1973	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1514279	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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
	85 Zip Code FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVITT, JACK	1.2 NAME	
STREET ADDRESS	5801 NW 62ND AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	TAMARAC FL	1.4 CITY - ST - ZIP	
TITLE	ADS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, SHIRLEY	2.2 NAME	
STREET ADDRESS	5890 N.W. 64TH AVE.	2.3 STREET ADDRESS	
CITY - ST - ZIP	TAMARAC FL 33319	2.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSSMAN, DAVE	3.2 NAME	
STREET ADDRESS	5880 NW 64TH AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	TAMARAC FL	3.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERMAN, ROSLYN	4.2 NAME	
STREET ADDRESS	5860 NW 64TH AVE.	4.3 STREET ADDRESS	
CITY - ST - ZIP	TAMARAC FL	4.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAELSON, GERT	5.2 NAME	
STREET ADDRESS	5890 NW 64TH AVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	TAMARAC FL	5.4 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSS, HAROLD	6.2 NAME	
STREET ADDRESS	5801 NW 62ND AVE	6.3 STREET ADDRESS	
CITY - ST - ZIP	TAMARAC FL	6.4 CITY - ST - ZIP	

14. I do 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 unchanged, or on an attachment with an address.

SIGNATURE: *[Signature]* PRESIDENT 4/23/97 (954)721-6645
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0035186

CR2E037 (9/96)