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**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90223 002 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 725793**

1. Corporation Name

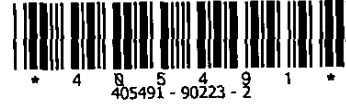
**BERMUDA CLUB EIGHT ASSOCIATION, INC.**

Principal Place of Business

6299 N.W. 57TH STREET  
 TAMARAC FL 33319

Mailing Address

6299 N.W. 57TH STREET  
 TAMARAC FL 33319



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

03/09/1973

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

9. Name and Address of Current Registered Agent

**CASTLE PROPERTY SERVICES GROUP INC.**  
**4450 WEST SUNRISE BLVD**  
**SUITE C-100**  
**PLANTATION FL 33319**

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LEVITT, JACK	
STREET ADDRESS	5801 NW 62ND AVE	
CITY-ST-ZIP	TAMARAC FL	
TITLE	ADS	<input type="checkbox"/> DELETE
NAME	COHEN, SHIRLEY	
STREET ADDRESS	5890 N.W. 64TH AVE.	
CITY-ST-ZIP	TAMARAC FL 33319	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PRESTON, LIL	
STREET ADDRESS	5864 NW 64TH AVE	
CITY-ST-ZIP	TAMARAC FL 33319	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SHERMAN, ROSLYN	
STREET ADDRESS	5860 NW 64TH AVE.	
CITY-ST-ZIP	TAMARAC FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	RAELSON, GERT	
STREET ADDRESS	5890 NW 64TH AVE	
CITY-ST-ZIP	TAMARAC FL	
TITLE	TD	<input type="checkbox"/> DELETE
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	VD
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	

14. 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Jack Levitt*

REQUIRE

Jack Levitt, President. #2099 (954) 792-6000

C62E037-11/99