


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90307 036 ****61.25

DOCUMENT # 725793

1. Entity 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

54045814



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04262004 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
59-1514279

Applied For
 Not Applicable

City & State

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CASTLE MANAGEMENT, INC
4450 WEST SUNRISE BLVD
SUITE C-100
PLANTATION, FL 33319

7. Name and Address of New Registered Agent

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

Filing Fee is \$61.25
Due by May 1, 2004

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	P	<input type="checkbox"/> Delete
NAME	LEVITT, JACK	
STREET ADDRESS	5801 NW 62ND AVE	
CITY-ST-ZIP	TAMARAC, FL 33319	
TITLE	VD	<input type="checkbox"/> Delete
NAME	COHEN, MORRIS	
STREET ADDRESS	5801 NW 62ND AVE	
CITY-ST-ZIP	TAMARAC, FL 33319	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FORD, AL	
STREET ADDRESS	5801 NW 62ND AVE # 312	
CITY-ST-ZIP	TAMARAC, FL 33319	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RAELSON, GERT	
STREET ADDRESS	5890 NW 64TH AVE	
CITY-ST-ZIP	TAMARAC, FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	RAELSON, GERT	
STREET ADDRESS	5890 NW 64TH AVE	
CITY-ST-ZIP	TAMARAC, FL 33319	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: Marta A. Estep TREASURER 4/27/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #