

Bermuda Club Eight Association, Inc.

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90084 001 ***673.75

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

66006531



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02122008

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-1514279

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

FAUST, STANLEY
6299 N.W. 57TH STREET
MANAGEMENT OFFICE
TAMARAC, FL 33310

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

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 ☐ Delete
NAME **P**
STREET ADDRESS **LEVITT, JACK**
CITY-ST-ZIP **5801 NW 62ND AVE**
TAMARAC, FL 33319

TITLE ☐ Delete
NAME **VPD**
STREET ADDRESS **MESSING, BEN**
CITY-ST-ZIP **5801 NW 62ND AVE**
FORT LAUDERDALE, FL 33319

TITLE ☐ Delete
NAME **STD**
STREET ADDRESS **FORD, AL**
CITY-ST-ZIP **5801 NW 62ND AVE # 312**
TAMARAC, FL 33319

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **TAMARAC, FL 33319**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *Ben Messing*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-08

DATE

954 721-6645
DAYTIME PHONE #