

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAY -1 PM 12:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 725794 (2)**

1. Corporation Name

**BERMUDA CLUB NINE ASSOCIATION, INC.**

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 03/09/1973 3a. Date of Last Report 06/16/1994

4. FEI Number 59-1518373 Applied For Not Applicable

5. Certificate of Status Desired  \$0.75 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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HYMAN, MICHAEL L  
19 W FLAGLER ST STE 416  
MIAMI FL 33130**

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	TRAGASH, MIKE
STREET ADDRESS	5750 NW 64 AVE
CITY - ST - ZIP	TAMARAC, FL 00000
TITLE	DP
NAME	WOLKOFF, PAUL
STREET ADDRESS	5830 NW 64 AVE
CITY - ST - ZIP	TAMARAC, FL 00000
TITLE	TD
NAME	MIRSKY, BEVERLY
STREET ADDRESS	5750 NW 64 AVE
CITY - ST - ZIP	TAMARAC, FL 00000
TITLE	VD
NAME	FLAUM, SID
STREET ADDRESS	5830 NW 64TH AVE
CITY - ST - ZIP	TAMARAC, FL 00000
TITLE	SD
NAME	SANTORZIC, SYLVIA
STREET ADDRESS	5800 NW 64 AVE.
CITY - ST - ZIP	TAMARAC, FL 00000
TITLE	VD
NAME	BAUM, ROSALIE
STREET ADDRESS	5800 NW 64TH AVE
CITY - ST - ZIP	TAMARAC, FL 00000

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 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	

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)(k), 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.

SIGNATURE: **WARREN KAUFMAN**  
Signature and Title of Officer or Director  
*Warren Kaufman, PRES*

4/28/95 (305) 721-6645

Date (Type in Form 8)