

FILE NOW: FILING FEE IS \$61.25

FILED  
May 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **725794** (2)

1. Corporation Name

**BERMUDA CLUB NINE ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**6299 N. W. 57TH STREET  
TAMARAC FL 33319**

**6299 N. W. 57TH STREET  
TAMARAC FL 33319**

3. Date Incorporated or Qualified

**03/09/1973**

4. FEI Number

**59-1518373**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21 Suite, Apt. #, etc.**

**26 Suite, Apt. #, etc.**

**22 City & State**

**27 City & State**

**23 Zip**

**25 Country**

**28 Zip**

**30 Country**

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

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HYMAN, MICHAEL L  
19 W FLAGLER ST STE 418  
MIAMI FL 33130**

**81 Name Castle Property Services Group, Inc.  
82 Street Address (P.O. Box Number is Not Acceptable) 4450 West Sunrise Boulevard  
83 Suite C-100  
84 City Plantation FL 85 Zip Code 33313**

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]*

**Gail H. Sangunett, Vice President - Administration 4/27/98**

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	TRAGASH, MIKE	
STREET ADDRESS	5750 NW 64TH AVE.	
CITY-ST-ZIP	TAMARAC FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	WOLKOFF, PAUL	
STREET ADDRESS	5830 NW 64 AVE	
CITY-ST-ZIP	TAMARAC, FL 00000	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	CORBIN, DOROTHY	
STREET ADDRESS	5750 NW 64 AVE	
CITY-ST-ZIP	TAMARAC, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FLAUM, SID	
STREET ADDRESS	5830 NW 64TH AVE	
CITY-ST-ZIP	TAMARAC, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SANNTORZIC, SYLVIA	
STREET ADDRESS	5800 NW 64 AVE.	
CITY-ST-ZIP	TAMARAC, FL 00000	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	BAUMAN, ROSALIE	
STREET ADDRESS	5800 NW 65TH AVE.	
CITY-ST-ZIP	TAMARAC FL	

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 checked="" type="checkbox"/> Addition
3.2 NAME	TD
3.3 STREET ADDRESS	Beverly Mersky
3.4 CITY-ST-ZIP	5750 N.W. 64th Ave. Tamarac, FL 33319
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 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.

SIGNATURE:

*[Signature]*

**TRAGASH MIKE**

**4/27/98**

**954**

**721 6645**

CR2E037 (10/97)