

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725794

1. Entity 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 33319-2305

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1518373

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~CASTLE PROPERTY SERVICES GROUP INC.~~
4450 WEST SUNRISE BLVD
SUITE C-100
PLANTATION FL 33313

Name
Castle Management, Inc.

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.

SIGNATURE

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

Gail H. Sangunett, Vice President - Administration 4/24/00

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
NAME VD
STREET ADDRESS TRAGASH, MIKE
CITY-ST-ZIP 5750 NW 64TH AVE.
TAMARAC FL

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME PD
STREET ADDRESS GILLARY, HERMEN
CITY-ST-ZIP 5830 NW 64TH AVE #104
TAMARAC FL

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME TD
STREET ADDRESS CORBIN, DOROTHY
CITY-ST-ZIP 5750 NW 64TH AVE 101
TAMARAC FL 33319

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME SD
STREET ADDRESS SANNTORZIC, SYLVIA
CITY-ST-ZIP 5800 NW 64 AVE.
TAMARAC FL

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME ASD
STREET ADDRESS BAUMAN, ROSALIE
CITY-ST-ZIP 5800 NW 64TH AVE #111
TAMARAC FL

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
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 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:

Herman Gillary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 4/11/00 (954) 792-6000

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90043 033 ****61.25