

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 11, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91181 014 \*\*\*\*61.25

**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

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 MANAGEMENT, INC.**  
**4450 WEST SUNRISE BLVD**  
**SUITE C-100**  
**PLANTATION FL 33313**

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.

SIGNATURE

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

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

TITLE: **Sylvia Engel**  Change  Addition  
 NAME: **Sylvia Engel**  
 STREET ADDRESS: **5830 NW 64th Ave #305**  
 CITY-ST-ZIP: **TAMARAC, FL, 33319**

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

TITLE: **PD**  Change  Addition  
 NAME: **CORBIN, DOROTHY PD**  
 STREET ADDRESS: **5750 NW 64th Ave # 101**  
 CITY-ST-ZIP: **TAMARAC, FL, 33319**

TITLE: **D**  Delete  
 NAME: **GILLARY, SYLVIA**  
 STREET ADDRESS: **5830 N.W. 64TH AVE**  
 CITY-ST-ZIP: **TAMARAC FL 33318**

TITLE: **D**  Change  Addition  
 NAME: **BARBARA Moyer**  
 STREET ADDRESS: **5830 NW 64th Ave #203**  
 CITY-ST-ZIP: **TAMARAC, FL, 33319**

TITLE:  Delete  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
 TITLE:  Delete

TITLE: **T.**  Change  Addition  
 NAME: **ROSALIE BAUMANT**  
 STREET ADDRESS: **5800 NW 64th Ave**  
 CITY-ST-ZIP: **TAMARAC, FL, 33319**

TITLE:  Delete  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
 TITLE:  Delete

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

TITLE:  Delete  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
 TITLE:  Delete

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

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:

*Rosalie Bauman*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ROSALIE BAUMAN**

Date

Daytime Phone #

**4/24/02**

CR2E037 (9/01)