


Bermuda Club Nine At

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 13, 2005 8:00 am**  
**Secretary of State**

06-13-2005 90271 002 \*\*\*306.25

<b>DOCUMENT # 725794</b> 1. Entity Name <b>BERMUDA CLUB NINE ASSOCIATION, INC.</b>	
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Principal Place of Business 6299 N. W. 57TH STREET TAMARAC, FL 33319	Mailing Address 6299 N. W. 57TH STREET TAMARAC, FL 33319
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66022898



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

03082005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-1518373	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b> CASTLE MANAGEMENT, INC. 4450 WEST SUNRISE BLVD SUITE C-100 PLANTATION, FL 33313
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<b>7. Name and Address of New Registered Agent</b> Name (CHANGE ADDRESS ONLY) Street Address (P.O. Box Number is Not Acceptable) 12270 SW 3RD STREET City PLANTATION FL 33305
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-stating) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2005**

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 PD <input type="checkbox"/> Delete NAME CORBIN, DOROTHY STREET ADDRESS 5750 NW 64TH AVE 101 CITY-ST-ZIP TAMARAC, FL 33319	
TITLE D <input type="checkbox"/> Delete NAME ENGEL, SYLVIA STREET ADDRESS 5830 NW 64TH AVE #305 CITY-ST-ZIP FORT LAUDERDALE, FL 33319	
TITLE D <input type="checkbox"/> Delete NAME MOYER, BARBARA STREET ADDRESS 5830 NW 64TH AVE #203 CITY-ST-ZIP FORT LAUDERDALE, FL 33319	
TITLE T <input type="checkbox"/> Delete NAME BAUMAN, ROSALIE STREET ADDRESS 5800 NW 64TH AVE CITY-ST-ZIP FORT LAUDERDALE, FL 33319	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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: Wanda S. Westridge WANDA S. WESTRIDGE 6/7/05 921 6646  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #