

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90205 006 ****61.25

DOCUMENT # 735756

1. Corporation Name

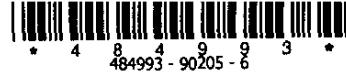
BERMUDA CLUB MANAGEMENT COUNCIL, INC.

Principal Place of Business

6299 N.W. 57TH STREET
TAMARAC FL 33319

Mailing Address

6299 N.W. 57TH STREET
TAMARAC FL 33319



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

05/06/1976

4. FEI Number

59-1666999

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME SD
CORBIN, SID
STREET ADDRESS 5750 NW 64TH AVE
CITY-ST-ZIP TAMARAC FL 33319

TITLE ☐ DELETE

NAME TD
HUBER, JACK B
STREET ADDRESS 5860 NW 64TH AVE.
CITY-ST-ZIP TAMARAC FL

TITLE ☒ DELETE

NAME VD
KRAKOFF, RITA
STREET ADDRESS 6000 N.W. 64TH AVE.
CITY-ST-ZIP TAMARAC FL 33319

TITLE ☐ DELETE

NAME SD
WINOKUR, HERBERT
STREET ADDRESS 6051 NW 61ST AVE.
CITY-ST-ZIP TAMARAC FL

TITLE ☐ DELETE

NAME VPD
BEKEBITSKY, FLORENCE
STREET ADDRESS 6350 NW 62ND ST
CITY-ST-ZIP TAMARAC FL 33319

TITLE ☒ DELETE

NAME APD
RICHARD, FREDERICK
STREET ADDRESS 6150 NW 62ND ST.
CITY-ST-ZIP TAMARAC FL 33319

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ 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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Florence Berebitsky, Pres. 4/29/99 (954) 792-6000

CR2E037 (11/98)