


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90084 001 \*\*\*673.75

**DOCUMENT # 735756**  
 1. Entity 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

**66006533**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

02122008 Chg-NP CR2E037 (12/06)

4. FEI Number  
 59-1666999

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**FAUST, STANLEY**  
 6299 N.W. 57TH STREET  
 MANAGEMENT OFFICE  
 TAMARAC, FL 33310

7. Name and Address of New Registered Agent  
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2008**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FAUST, STANLEY 5860 NW 64TH AVE TAMARAC, FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPD EDWARDS, MILTON 5961 NW 61ST ST TAMARAC, FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD DALE, NORMAN 5890 NW 64TH AVE TAMARAC, FL 33319 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOOJHAI, HARRISPERSAD 5890 NW 64TH AVE TAMARAC, FL 33319 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3VPD PORCELLO, CARMINE 6000 NW 64TH AVE TAMARAC, FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSD LEMBERG, JOE 6150 NW 62ND ST TAMARAC, FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RSD CORBIN, SID 5750 NW 64TH AVE TAMARAC, FL 33319 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAXINE POTTER 5750 NW 64TH AVE TAMARAC, FL 33319 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *Stanley Faust* **3-31-08** **954 721-6645**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# ATTACHMENT

06006533

#

BERMUDA CLUB MANAGEMENT COUNCIL, INC.  
DOCUMENT NUMBER 735756

## ADDITIONAL OFFICERS AND DIRECTORS

- |      |   |      |  |
|------|---|------|--|
| # 7. | TD<br>CROSBY, HERBERT<br>6091 NW 61 <sup>ST</sup> AVENUE<br>TAMARAC, FL 33319   | #18. | RSD<br>LUTHER, EUGENE<br>6051 NW 61 <sup>ST</sup> AVENUE<br>TAMARAC, FL 33319    |
| #8.  | D<br>KROKOW, JAY<br>5980 NW 64 <sup>TH</sup> AVENUE<br>TAMARAC, FL 33319        | #19  | D<br>MAYER, FRAN<br>6001 NW 61 <sup>ST</sup> AVENUE<br>TAMARAC, FL 33319         |
| #9.  | ATD<br>FRIMMER, MILDRED<br>6071 NW 61 <sup>ST</sup> AVENUE<br>TAMARAC, FL 33319 | #20. | D<br>SCHEFFLER, GERTRUDE<br>6021 NW 61 <sup>ST</sup> AVENUE<br>TAMARAC, FL 33319 |
| #10. | D<br>BEAUMONT, HENRY<br>5940 NW 64 <sup>TH</sup> AVENUE<br>TAMARAC, FL 33319    | #21. | D<br>KAPLAN, MURRAY<br>5901 NW 61 <sup>ST</sup> AVENUE<br>TAMARAC, FL 33319      |
| #11. | D<br>WALTERS, MARY<br>6020 NW 64 <sup>TH</sup> AVENUE<br>TAMARAC, FL 33319      | #22. | D<br>DONOVAN, MARGARET<br>5841 NW 61 <sup>ST</sup> AVENUE<br>TAMARAC, FL 33319   |
| #12. | ACSD<br>RUIZ, LILA<br>6050 NW 64 <sup>TH</sup> AVENUE<br>TAMARAC, FL 33319      | #23  | D<br>CASSORLA, MORRIS<br>6161 NW 57 <sup>TH</sup> COURT<br>TAMARAC, FL 33319     |
| #13  | D<br>MOORE, JEAN<br>6070 NW 64 <sup>TH</sup> AVENUE<br>TAMARAC, FL 33319        | #24. | D<br>ARONOWITZ, PAUL<br>5851 NW 62 <sup>ND</sup> AVENUE<br>TAMARAC, FL 33319     |
| #14. | D<br>LIFFLAND, TERRY<br>6090 NW 64 <sup>TH</sup> AVENUE<br>TAMARAC, FL 33319    | #25. | D<br>FORD, ALBERT<br>5801 NW 62 <sup>ND</sup> AVENUE<br>TAMARAC, FL 33319        |
| #15  | D<br>HICKEY, MARGE<br>6350 NW 62 <sup>ND</sup> STREET<br>TAMARAC, FL 33319      | #26  | D<br>MATOVICH, SALLY<br>5830 NW 64 <sup>TH</sup> AVENUE<br>TAMARAC, FL 33319     |
| #16  | D<br>ABRAMOWITZ, LIBBI<br>6300 NW 62 <sup>ND</sup> STREET<br>TAMARAC, FL 33319  | #27. | D<br>WILLER, CHARLES<br>5800 NW 64 <sup>TH</sup> AVENUE<br>TAMARAC, FL 3331      |
| #17. | D<br>REESE, JOSEPH<br>6200 NW 62 <sup>ND</sup> STREET<br>TAMARAC, FL 33319      |      |  |