

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735756

FILED
Mar 03, 2009
Secretary of State

Entity Name: BERMUDA CLUB MANAGEMENT COUNCIL, INC.

Current Principal Place of Business:

6299 N.W. 57TH STREET
TAMARAC, FL 33319

New Principal Place of Business:

Current Mailing Address:

6299 N.W. 57TH STREET
TAMARAC, FL 33319

New Mailing Address:

FEI Number: 59-1666999 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FAUST, STANLEY
6299 N.W. 57TH STREET
MANAGEMENT OFFICE
TAMARAC, FL 33310 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FAUST, STANLEY
Address: 5860 NW 64TH AVE
City-St-Zip: TAMARAC, FL 33319

Title: 1VPD () Delete
Name: EDWARDS, MILTON
Address: 5961 NW 61ST ST
City-St-Zip: TAMARAC, FL 33319

Title: D () Delete
Name: SOOJHAI, HARRISPERSAD
Address: 5890 NW 64TH AVE.
City-St-Zip: TAMARAC, FL 33319

Title: 3VPD () Delete
Name: PORCELLO, CARMINE
Address: 6000 NW 64TH AVE
City-St-Zip: TAMARAC, FL 33319

Title: CSD () Delete
Name: LEMBERG, JOE
Address: 6150 NW 62ND ST
City-St-Zip: TAMARAC, FL 33319

Title: D () Delete
Name: MAXINE, POTER
Address: 5750 NW 64TH AVE
City-St-Zip: TAMARAC, FL 33319

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MILTON EDWARDS

Electronic Signature of Signing Officer or Director

1VPD

03/03/2009

Date