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Apr 29, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 756847

1. Corporation Name
BERMUDA HIGH BEACH AND TENNIS CLUB, INC.

Principal Place of Business 2150 SOUTH OCEAN BLVD. DELRAY BEACH FL 33483-6446	Mailing Address 2150 SOUTH OCEAN BLVD. DELRAY BEACH FL 33483-6446
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2. Principal Place of Business 21 Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. City & State Zip Country	3. Date Incorporated or Qualified 03/19/1981	4. FEI Number 59-2059929 Applied For Not Applicable
23	27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24	29	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent PARKER, LINDA R 2150 S. OCEAN BLVD. DELRAY BEACH FL 33483	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
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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: _____ DATE: _____
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BANTIVOLGLIO, THOMAS 2150 S. OCEAN BLVD., APT. 1-F DELRAY BEACH FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PTD Nicholas T. Campbell 2150 South Ocean Blvd. # 6-F Delray Beach, FL 33483 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MONTGOMERY-SHANK, PEGGY 2150 S OCEAN BLVD, #4-D DELRAY BEACH FL 33483 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	SD Frances V. Owen 2150 South Ocean Blvd. # 4-E Delray Beach, FL 33483 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS PARKER, LINDA 2150 S. OCEAN BLVD. DELRAY BEACH FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Frances V. Owen* **REQUIRED** Date: 4/22/99 Telephone: 561-272-0307

CR2E037 (1/98)