


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90226 027 \*\*\*\*61.25

<b>DOCUMENT # 756847</b> 1. Entity Name BERMUDA HIGH BEACH AND TENNIS CLUB, INC.	
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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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60001624



01092006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2059929	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  FORGIONE, MARJORIE LCAM 2150 S. OCEAN BLVD., MGR OFFICE DELRAY BEACH, FL 33483
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IN THIS SPACE**

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 <i>Marjorie Forgione LCAM</i> <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>	DATE <i>1/10/06</i>

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD KAHN, ALAN 2150 S OCEAN BLVD #6A DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BANTIVUGLIO, TOM 2150 S OCEAN BLVD DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HILTY, CAROLYN 2150 S COEAN BLVD DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHMAN, MAXINE 2150 S OCEAN BLVD #4 DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: <i>Alan Kahn</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <i>1-10-06 (Bk1)</i> DAYTIME PHONE # <i>772-0307</i>