

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756847

FILED
Apr 30, 2009
Secretary of State

Entity Name: BERMUDA HIGH BEACH AND TENNIS CLUB, INC.

Current Principal Place of Business:

2150 SOUTH OCEAN BLVD.
DELRAY BEACH, FL 334836446

New Principal Place of Business:

Current Mailing Address:

2150 SOUTH OCEAN BLVD.
DELRAY BEACH, FL 334836446

New Mailing Address:

FEI Number: 59-2059929

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORGIONE, MARJORIE LCAM
2150 S. OCEAN BLVD., MGR OFFICE
DELRAY BEACH, FL 33483 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: PTD () Delete
Name: KAHN, ALAN
Address: 2150 S OCEAN BLVD #6A
City-St-Zip: DELRAY BEACH, FL 33483

Title: VPD () Delete
Name: BANTIVUGLIO, TOM
Address: 2150 S OCEAN BLVD
City-St-Zip: DELRAY BEACH, FL 33483

Title: SD () Delete
Name: HILTY, CAROLYN
Address: 2150 S COEAN BLVD
City-St-Zip: DELRAY BEACH, FL 33483

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: BANTIVUGLIO, THOMAS
Address: 2150 S OCEAN BLVD #1F
City-St-Zip: DELRAY BEACH, FL 33483

Title: VPD (X) Change () Addition
Name: HILTY, CAROLYN
Address: 2150 S OCEAN BLVD #4F
City-St-Zip: DELRAY BEACH, FL 33483

Title: SD (X) Change () Addition
Name: TURNER, PATRICIA
Address: 2150 S OCEAN BLVD #2B
City-St-Zip: DELRAY BEACH, FL 33483

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: CAROLYN HILTY

VPD

04/30/2009

Electronic Signature of Signing Officer or Director

Date