


FILE NOW: FILING FEE IS \$61.25

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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90073 030 ****70.00

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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 # 701986

1. Corporation Name
TRIANGLE CLUB, INC.

Principal Place of Business 423 4TH STREET WEST PALM BEACH FL 33401	Mailing Address 423 4TH STREET WEST PALM BEACH FL 33401
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Please CHANGE
 Moved in 1999



2. Principal Place of Business 21 1369 Okeechobee Rd Suite, Apt. #, etc. 22 West Palm Beach, FL City & State 23 33401 USA Zip Country	2a. Mailing Address 26 1369 Okeechobee Rd Suite, Apt. #, etc. 27 West Palm Beach, FL City & State 28 33401 USA Zip Country	3. Date Incorporated or Qualified 02/03/1961	4. FEI Number 59-0919735 Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent CAROPARDO, RICHARD 423 4TH STREET WEST PALM BEACH FL 33401	10. Name and Address of New Registered Agent 81 Name DAVID C. ANDERSON 82 Street Address (P.O. Box Number is Not Acceptable) 423 4TH STREET 1369 Okeechobee Rd. 83 84 City West Palm Beach FL 85 Zip Code 33401
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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 David C. Anderson **DAVID C. ANDERSON** . 4/15/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CARCOPARDO, RICHARD		1.2 NAME KAREN KOLLINGER PRES	
STREET ADDRESS 423 4TH STREET		1.3 STREET ADDRESS 1369 Okeechobee Rd	
CITY-ST-ZIP WEST PALM BEACH FL		1.4 CITY-ST-ZIP West Palm Beach, FL 33401	
TITLE VP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FOGARTY, DEBI		2.2 NAME Kim O'Dea V.P.	
STREET ADDRESS 423 4TH ST		2.3 STREET ADDRESS 1369 Okeechobee Rd	
CITY-ST-ZIP WEST PALM BEACH FL		2.4 CITY-ST-ZIP West Palm Beach, FL 33401	
TITLE T	<input checked="" type="checkbox"/> DELETE	3.1 TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LAMBERT, JOHNSON		3.2 NAME Deloras Littlefield TRFAS	
STREET ADDRESS 423 4TH STREET		3.3 STREET ADDRESS 1369 Okeechobee Rd	
CITY-ST-ZIP WEST PALM BEACH FL		3.4 CITY-ST-ZIP West Palm Beach, FL 33401	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ANDERSON, DAVID C		4.2 NAME SAME	
STREET ADDRESS 3307 WASHINGTON ROAD		4.3 STREET ADDRESS ←	
CITY-ST-ZIP WEST PALM BEACH FL		4.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MURPHY, RAYMOND		5.2 NAME Patricia Boychuk	
STREET ADDRESS 359 LAURIE ROAD		5.3 STREET ADDRESS 1369 Okeechobee Rd	
CITY-ST-ZIP WEST PALM BEACH FL		5.4 CITY-ST-ZIP West Palm Beach, FL 33401	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Karen Kollinger **KAREN KOLLINGER** Resident 561-832-1110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)