
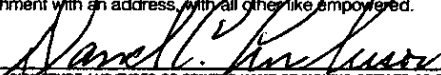


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 16, 2004 8:00 am**  
**Secretary of State**

07-16-2004 90012 020 \*\*\*\*61.25

<b>DOCUMENT # 701986</b>			
1. Entity Name <b>TRIANGLE CLUB, INC.</b>			
Principal Place of Business <b>1369 OKEECHOBEE ROAD WEST PALM BEACH, FL 33401 US</b>		Mailing Address <b>1369 OKEECHOBEE ROAD WEST PALM BEACH, FL 33401 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>CACOPARDO, RICHARD 1369 OKEECHOBEE ROAD WEST PALM BEACH, FL 33401</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
<b>Filing Fee is \$61.25 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD GUEST, JOE 5011 FLAGLER DR. WEST PALM BEACH, FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>see attached</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD CASTIGLIONE, LOVERY 225 CORWELL DR. LAKE WORTH, FL 33460</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S HARRIS, BARBARA 1601 S. FLAGLER DR. WEST PALM BEACH, FL 33401</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T MCGRINN, LISA 9910 DOGWOOD AVE. PALM BEACH GARDENS, FL 33410</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 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.			
<b>SIGNATURE:</b> 		<b>7-12-04</b> <b>561-659-4578</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	



07072004 Chg-NP CR2E037 (10/03)

4. FEI Number **59-0919735** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

Attachments

54062530

# 701986  
Triangle Club Inc.  
1369 Okeechobee Road  
West Palm Beach FL 33401

2004 TRUSTEES

Gerald Shugar  
1515 S. Flagler Drive, PH1  
WPB, FL. 33401

Linda O'Connell  
321 Croton Way  
WPB, FL 33401

Ray Murphy  
359 Laurie Road  
WPB, FL.33405

Peyton Bruns  
44 Cocoanut Row, 307A  
Palm Beach, FL 33480

Barbara Wilson  
230 Argyle Road, Apt. 3  
WPB, FL. 33405

David C Anderson  
3307 Washington Road  
WPB, FL 33401

2004 OFFICERS

President: Larry Castiglione  
225 Cornell Drive  
Lake Worth, FL 33460

Vice-President Gerry Gibault  
P.O. Box 728  
Palm Beach, FL 33480

Secretary Kathy Anderson  
3307 Washington Road  
West Palm Beach, FL 33405

Treasurer: Christopher J. Henry  
1801 N. Flagler Drive #809  
West Palm Beach, FL 33407