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Feb 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **727638** (9)

1. Corporation Name

**ROADRUNNERS SQUARE DANCE CLUB OF THE PALM BEACHE
S, INC.**



Principal Place of Business	Mailing Address
13874 GERANIUM PL. W PALM BCH FL 33414	13874 GERANIUM PL. W PALM BCH FL 33414

2. Principal Place of Business	2a. Mailing Address
21 1811 Montague Street Suite, Apt. #, etc.	26 1811 Montague Street Suite, Apt. #, etc.
22 City & State	27 City & State
23 Lake Worth, FL	28 Lake Worth, FL
24 33461-6020	25 Palm Beach
29 33461-6020	30 Palm Beach

3. Date Incorporated or Qualified	10/03/1973
4. FEI Number	23-7354113
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WILLING, ARTHUR L JR 13874 GERANIUM PL. W PALM BCH FL 33414	81 Name KIPP HUBBARD 82 Street Address (P.O. Box Number is Not Acceptable) 1811 Montague Street 83 84 City Lake Worth FL 85 Zip Code 33461-6020

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 *Kipp Hubbard* KIPP HUBBARD 2/9/98
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	D LUCILLE OTIS <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2009 LONGWOOD RD	1.2 NAME	KIPP HUBBARD
STREET ADDRESS	W PALM BEACH FL	1.3 STREET ADDRESS	1811 MONTAGUE ST
CITY-ST-ZIP		1.4 CITY-ST-ZIP	LAKE WORTH, FL 33461-6020
TITLE	D STOCKFEDER, HARRY <input checked="" type="checkbox"/> DELETE	2.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	401 LAKE FRANCES DR	2.2 NAME	GEORGE WAKEMAN
STREET ADDRESS	WEST PALM BEACH FL	2.3 STREET ADDRESS	724 SOUTH LAKE DR
CITY-ST-ZIP		2.4 CITY-ST-ZIP	LANTANA, FL 33462
TITLE	T WILLING, ARTHUR L JR. <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	13874 GERANIUM PL.	3.2 NAME	KEN GOUGEON
STREET ADDRESS	WELLINGTON FL	3.3 STREET ADDRESS	2330 LANTANA RD LOT 4B
CITY-ST-ZIP		3.4 CITY-ST-ZIP	LANTANA, FL 33462
TITLE	D JARRELL, VINCE <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3061 MERIDIAN N. APT #2	4.2 NAME	MORT SILVERSTEIN
STREET ADDRESS	WEST PALM BEACH FL	4.3 STREET ADDRESS	5073-C LAKEFRONT BLVD.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE	P THOMPSON, SAWYER <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	511 N. LYRA CIR.	5.2 NAME	
STREET ADDRESS	JUNO BCH. FL 33408	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D GORDON ESKRIDGE <input type="checkbox"/> DELETE	6.1 TITLE	D/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	629 WEST OCEAN AVE	6.2 NAME	GORDON ESKRIDGE
STREET ADDRESS	BOYHTON BEACH FL	6.3 STREET ADDRESS	629 WEST OCEAN AVE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33426-4332

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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.

SIGNATURE: *Kipp Hubbard* KIPP HUBBARD

CR2E037 (10/97)