

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **746847** (3)
1. Corporation Name
HIGH RIDGE COUNTRY CLUB, INC.



Principal Place of Business 2400 HYPOLUXO ROAD P O BOX 3939 BOYNTON BEACH FL 33424-0939	Mailing Address 2400 HYPOLUXO ROAD P O BOX 3939 BOYNTON BEACH FL 33424-3939
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3. Date Incorporated or Qualified 04/23/1979	3a. Date of Last Report 04/02/1996
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2. Principal Place of Business 21	2a. Mailing Address 26 <i>P.O. Box 3939</i>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 <i>Boynton Beach, FL</i>
Zip 24	Country 25
	29 <i>33424-3939</i> 30 <i>FL Beach</i>

4. FEI Number 59-1905911	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent SHEEHY, DONALD 2400 HYPOLUXO ROAD LANTANA FL 33462	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

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 *[Signature]* DATE **2/1/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	☐ DELETE
NAME	V KALINER, HOWARD
STREET ADDRESS	3100 S OCEAN BLVD
CITY-ST-ZIP	PALM BCH FL
TITLE	☒ DELETE
NAME	PD ROSEN, MARTIN
STREET ADDRESS	2000 S OCEAN BLVD
CITY-ST-ZIP	PALM BCH. FL
TITLE	☒ DELETE
NAME	TD LEHMAN, JOSEPH L.
STREET ADDRESS	2100 S OCEAN BLVD 408N
CITY-ST-ZIP	PALM BEACH FL
TITLE	☒ DELETE
NAME	V HIRSCHHORN, JACK
STREET ADDRESS	2600 S OCEAN BLVD
CITY-ST-ZIP	PALM BCH FL
TITLE	☒ DELETE
NAME	SD LEVINE, ALBERT I
STREET ADDRESS	2660 S OCEAN BLVD., #604N
CITY-ST-ZIP	PALM BCH. FL
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	President Kaliner, Howard
1.3 STREET ADDRESS	3100 S. Ocean Blvd, 609N
1.4 CITY-ST-ZIP	Palm Beach, FL 33480
2.1 TITLE	☐ Change ☒ Addition
2.2 NAME	Vice Pres. West
2.3 STREET ADDRESS	Morton 2100 S. Ocean Blvd, 208N
2.4 CITY-ST-ZIP	Palm Beach, FL 33480
3.1 TITLE	☐ Change ☒ Addition
3.2 NAME	Allan Greenblatt
3.3 STREET ADDRESS	2000 S. Ocean Blvd 206-S
3.4 CITY-ST-ZIP	Palm Beach 33480
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☒ Addition
5.2 NAME	Secretary Jack Sussman
5.3 STREET ADDRESS	2790 S. Ocean Blvd, 309-S S
5.4 CITY-ST-ZIP	Palm Beach, FL 33480
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

CR2E037 (9/96)