


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N01000008099</b> 1. Entity Name <b>FRENCHMAN'S RESERVE COUNTRY CLUB, INC.</b>	
---------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

FILED

05 MAY -6 AM 9:08

SECRETARY OF STATE  
ALLAHASSEE, FLORIDA



Principal Place of Business 12750 ALTERNATE A1A PALM BCH GARDENS, FL 33410		Mailing Address 250 GIBRALTAR ROAD HORSHAM, PA 19044	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

05042005 Chg-NP CR2E037 (10/03)

4. FEI Number 56-2290261	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by September 7, 2005</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	DP DONNELLY, MICHAEL 5300 W. ATLANTIC AVENUE, SUITE 300 DELRAY BEACH, FL 33484	<input type="checkbox"/> Delete	TITLE NAME	P Michael Donnelly	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	DV BLUM, RONALD 5300 W. ATLANTIC AVENUE, SUITE 300 DELRAY BEACH, FL 33484	<input type="checkbox"/> Delete	TITLE NAME	V Ronald Blum	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	ST LASKOWITZ, MITCHELL 250 GIBRALTAR ROAD HORSHAM, PA 19044	<input type="checkbox"/> Delete	TITLE NAME	DST Mitchell Laskowitz	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME	D David Richey	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	250 Gibraltar Road Horsham, PA 19044	
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME	D Jeffrey Bartos	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	250 Gibraltar Road Horsham, PA 19044	
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		

700054669777  
05/17/05--01035--007 \*\*\$61.25

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.

**Jeffrey Bartos**  
Director

SIGNATURE: \_\_\_\_\_ Date: 5/05/05 Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR