

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90074 047 ****61.25



DOCUMENT # N01000008099
 1. Entity Name
FRENCHMAN'S RESERVE COUNTRY CLUB, INC.

Principal Place of Business
 250 GIBRAILTAR RD
 HORSHAM, PA 19044

Mailing Address
 250 GIBRALTAR ROAD
 HORSHAM, PA 19044

40072228



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04112007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
 56-2290261

Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
 CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P Delete
 NAME DONNELLY, MICHAEL
 STREET ADDRESS 5300 W.ATLANTIC AVENUE,SUITE 300
 CITY-ST-ZIP DELRAY BEACH, FL 33484

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE V Delete
 NAME BLUM, RONALD
 STREET ADDRESS 5300 W.ATLANTIC AVENUE,SUITE 300
 CITY-ST-ZIP DELRAY BEACH, FL 33484

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DST Delete
 NAME LASKOWITZ, MITCHELL
 STREET ADDRESS 250 GIBRALTAR ROAD
 CITY-ST-ZIP HORSHAM, PA 19044

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME RICHEY, DAVID
 STREET ADDRESS 250 GIBRALTAR ROAD
 CITY-ST-ZIP HORSHAM, PA 19044

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DVS Delete
 NAME LARKIN, DAVID A
 STREET ADDRESS 250 GIBRALTAR RD
 CITY-ST-ZIP HORSHAM, PA 19044

TITLE Change Addition
 NAME **Director, AVP & Asst. Sec.**
 STREET ADDRESS **David A. Larkin**
 CITY-ST-ZIP **250 Gibraltar Road**
Horsham, PA 19044

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE: *David A. Larkin* **David A. Larkin**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Asst. VP & Asst. Secretary** **4/18/07**
Date Daytime Phone #