

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Feb 26, 2009  
Secretary of State

DOCUMENT# N01000008099

Entity Name: FRENCHMAN'S RESERVE COUNTRY CLUB, INC.

**Current Principal Place of Business:**

250 GIBRALTAR RD  
HORSHAM, PA 19044 US

**New Principal Place of Business:**

3370 GRANDE CORNICHE  
PALM BEACH GARDENS, FL 33410 US

**Current Mailing Address:**

250 GIBRALTAR RD  
HORSHAM, PA 19044 US

**New Mailing Address:**

FEI Number: 56-2290261      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: DONNELLY, MICHAEL  
Address: 5300 W. ATLANTIC AVENUE, SUITE 300  
City-St-Zip: DELRAY BEACH, FL 33484

Title: V      ( ) Delete  
Name: BLUM, RONALD  
Address: 5300 W. ATLANTIC AVENUE, SUITE 300  
City-St-Zip: DELRAY BEACH, FL 33484

Title: DST      ( ) Delete  
Name: LASKOWITZ, MITCHELL P  
Address: 250 GIBRALTAR ROAD  
City-St-Zip: HORSHAM, PA 19044

Title: D      ( ) Delete  
Name: RICHEY, DAVID H  
Address: 250 GIBRALTAR ROAD  
City-St-Zip: HORSHAM, PA 19044

Title: DAVP      ( ) Delete  
Name: LARKIN, DAVID A  
Address: 250 GIBRALTAR RD  
City-St-Zip: HORSHAM, PA 19044

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P      (X) Change ( ) Addition  
Name: DONNELLY, MICHAEL  
Address: 5300 W. ATLANTIC AVENUE, SUITE 300  
City-St-Zip: DELRAY BEACH, FL 33484

Title: V      (X) Change ( ) Addition  
Name: BLUM, RONALD  
Address: 5300 W. ATLANTIC AVENUE, SUITE 300  
City-St-Zip: DELRAY BEACH, FL 33484

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID LARKIN

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

DAVP

02/26/2009

\_\_\_\_\_  
Date