

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

3-20-95 C-3-2379

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Norman
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 20 PM 2: 08

DOCUMENT # N18736 (1)

1. Corporation Name
PALM BEACH COUNTY 10-13 CLUB, INC.

Principal Place of Business Mailing Address
P.O. BOX 1511 BOYNTON BEACH FL 33435 US
P.O. BOX 1511 BOYNTON BEACH FL 33435 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/13/1987
3a. Date of Last Report 04/26/1994
4. FEI Number 65-0026394 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANDERSON, NORMAN H.
4296 SHELDRAKE LANE
BOYNTON BCH FL 33438

DECEASED
JAN. 9 1995

81 Name William J. RALPH
82 Street Address (P.O. Box Number is Not Acceptable) 400 N. FEDERAL Hwy #611
83
84 City DEERFIELD Beach FL 85 Zip Code 33441

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *William J. Ralph* DATE Mar. 15 1995
Signature, typed or printed name of registered agent (and the if applicable). (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	T
NAME	BURKETT, BERT
STREET ADDRESS	2740 S.W. 22ND AVENUE
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	ANDERSON, NORMAN
NAME	4296 SHELDRAKE LANE
STREET ADDRESS	BOYNTON BCH FL
CITY-ST-ZIP	
TITLE	D
NAME	RALPH, WILLIAM
STREET ADDRESS	400 N. FEDERAL HIGHWAY
CITY-ST-ZIP	DEERFIELD BCH FL
TITLE	SD
NAME	MOONEY, JAMES
STREET ADDRESS	8999 INDIAN RIVER RUN
CITY-ST-ZIP	BOYNTON BEACH FL
TITLE	D
NAME	MANTELL, NORMAN
STREET ADDRESS	6648 MARISSA CR
CITY-ST-ZIP	LAKE WORTH FL
TITLE	D
NAME	ROTHSCHILD, THEODORE
STREET ADDRESS	650 SNUG HARBOR DR
CITY-ST-ZIP	BOYNTON BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *William J. Ralph* DATE March 15 1995
Signature and typed or printed name of signing officer or director