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Secretary of State
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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N18736

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	01/13/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0026394 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

RALPH, WILLIAM J.
400 N. FEDERAL HIGHWAY
#611
DEERFIELD BEACH FL 33441

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	☒ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	BURKETT, BERT		1.2 NAME	Rothschild, Theodore	
STREET ADDRESS	2720 S.W. 22ND AVE., #1509		1.3 STREET ADDRESS	650 Snug Harbor Drive G 402	
CITY-ST-ZIP	DELRAY BEACH FL		1.4 CITY-ST-ZIP	~~Boynton Beach FL 33435~~	
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RALPH, WILLIAM		2.2 NAME		
STREET ADDRESS	400 N. FECERAL HIGHWAY #611		2.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BCH FL 33441		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MOONEY, JAMES		3.2 NAME		
STREET ADDRESS	8999 INDIAN RIVER RUN		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33437		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE	T	☐ Change ☒ Addition
NAME	MANTELL, NORMAN		4.2 NAME	Finnin, Eugene	
STREET ADDRESS	7907 LAKE SANDS DRIVE		4.3 STREET ADDRESS	3842 W.Sandpiper Dr.#2	
CITY-ST-ZIP	DELRAY BEACH FL		4.4 CITY-ST-ZIP	~~Boynton Beach FL 33436~~	
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☐ Addition
NAME	ROTHSCHILD, THEODORE		5.2 NAME	Burkett, Bert	
STREET ADDRESS	650 SNUG HARBOR DR		5.3 STREET ADDRESS	2720 S.W. 22nd Ave. #1509	
CITY-ST-ZIP	BOYNTON BCH FL		5.4 CITY-ST-ZIP	~~Delray Beach FL 33445~~	
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME			6.2 NAME	Johnson, Ted	
STREET ADDRESS			6.3 STREET ADDRESS	137 Davit Drive	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	~~Norton Beach FL 33435~~	

14. 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 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, with all other like empowered.

SIGNATURE: Eugene Finnin **SIGNATURE REQUIRED** 4/30/99 561-737-1003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)