FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000052580

1. Corporation Name

WYCLIFFE COUNTRY CLUB REALTY, INC.

FILED May 06, 1999 8:00 am Secretary of State 05-06-1999 90295 085 ****80.00

05-06-1999 90295 086 ****70.00



Principal Plac	e of Business	Mailing Address				81 S(118 11891 SI)	m: (b()) #E1((#6)
1000 CLINT MC	DORE RD.	1000 CLINT MOORE RD.					
SUITE 110 BOCA RATON FL 33487 SUITE 110 BOCA RATON FL 33487					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
	·				07/27/1993		
2. Principal Place of Business 2a. Mailing Address					4, FEI Number Applied For		Applied For
21		26			65-0424971		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75	Additional
22 27					5. Certificate of Status Desired	Feel	Required
City & State City & State					6. Election Campaign Financing \$5.00 May Be		
23		28			Trust Fund Contribution	Adde	to Fees
Zip	Country	Zip	Country	y	8. This corporation owes the current year		F7.4.
24	25	29	30		Personal Property Tax.	☐ Yes	□No
 _	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New Registere	a Agent	
SWZ	ARTZ, LORNA		61	IVAILLE			
4150 WYCLIFFE COUNTRY CLUB BLVD.				82 Street Address (P.O. Box Number is Not Acceptable			
LAKE WORTH FL 33467			83				
	L 17011111 L 00 101		165	']			
1			84	City	F	85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes				J	•		4 aista d
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTI	E: Registered Age	nt signature require	d when reinstating) DATE		
12.		ND DIRECTORS	13.	 	ADDITIONS/CHANGES TO OFFICERS		
TITLE	SWARTZ, LORNA		1.1 TITLE			Change	e 🗋 Addition
NAME			1.2 NAME	ļ			
STREET ADDRESS	1	TOR BTAD		T ADDRESS			
CITY-ST-ZIP	LAKE WORTH FL	☐ DELETE	1.4 CITY-5	ST-ZIP		☐ Change	e Addition
TITLE	DP CANDELOOM (CANDELLA)	L. DELETE	2.1 TITLE			Change	,
NAME	ENDELSON, KENNETH M	LUB BLVD	2.2 NAME				
STREET ADDRESS	4150 WYCLIFFE COUNTRY CI LAKE WORTH FL	LOD BLAD		T ADDRESS			
CITY-ST-ZIP	D	☐ DELETE	2.4 CITY- 3.1 TITLE	ST-ZIP		Change	Addition
NAME	MATTHEWS, GRAY J		3.2 NAME				_
STREET ADDRESS		ń		T ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33487	•	3.4. CITY-				
TITLE	BOOK WHON I'E 33407	☐ DELETE	4.1 TITLE	31-21		☐ Change	Addition
NAME]		4. 2 NAME				
STREET ADDRESS]			T ADDRESS			
			4.4 CITY-5				
CITY-ST-ZIP		☐ DELETE	5.1 T/TLE	J,- EII		☐ Chang	e
NAME			5.2 NAME	ļ			-
_				T ADDRESS			
STREET ADDRESS	(54 CITY-1				
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			☐ Change	Addition
HILL	!		6.2 NAME				

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attacment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

Maukeus

561.997.5760