

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

FILED

Mar 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 317630 (2)
1. Corporation Name
PALM BEACH NATIONAL GOLF AND COUNTRY CLUB, INC.



Principal Place of Business
7500 ST ANDREWS ROAD
LAKE WORTH FL 33467

Mailing Address
7500 ST ANDREWS ROAD
LAKE WORTH FL 33467-1317

3. Date Incorporated or Qualified
06/07/1967

3a. Date of Last Report
04/23/1996

4. FEI Number
59-1165141

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

RICH, ROBERT E.
7500 ST. ANDREWS ROAD
LAKE WORTH FL 33460

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 _____ (PRINT: Registered Agent signature required when reinstating)
DATE _____

| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|---------------------|---------------------------------|--|---|---------------------------------|-----------------------------------|--|
| TITLE | 1 | <input type="checkbox"/> DELETE | | 1.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | HADDAD, JAMES | | | 1.2 NAME | | | |
| STREET ADDRESS | 1145 NIAGARA STREET | | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | BUFFALO NY | | | 1.4 CITY-ST-ZIP | | | |
| TITLE | PD | <input type="checkbox"/> DELETE | | 2.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | RICH, ROBERT E JR | | | 2.2 NAME | | | |
| STREET ADDRESS | 1145 NIAGARA ST | | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | BUFFALO NY | | | 2.4 CITY-ST-ZIP | | | |
| TITLE | CD | <input type="checkbox"/> DELETE | | 3.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | RICH, ROBERT E | | | 3.2 NAME | | | |
| STREET ADDRESS | 7500 ST. ANDREWS RD | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | LAKE WORTH FL | | | 3.4 CITY-ST-ZIP | | | |
| TITLE | SD | <input type="checkbox"/> DELETE | | 4.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | RICH, DAVID A | | | 4.2 NAME | | | |
| STREET ADDRESS | 1145 NIAGARA ST | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | BUFFALO NY | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 5.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | | | | 5.2 NAME | | | |
| STREET ADDRESS | | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 5.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 6.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | | | | 6.2 NAME | | | |
| STREET ADDRESS | | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 6.4 CITY-ST-ZIP | | | |

14. I do 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, or on an attachment with an address.

SIGNATURE _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____
Date _____ Daytime Phone # _____

CR2E034 (9/96)