

FILED
Jun 04, 1999 8:00 am
Secretary of State

06-04-1999 90006 045 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N18736

1. Corporation Name

PALM BEACH COUNTY 10-13 CLUB, INC.

Principal Place of Business

P.O. BOX 1511
BOYNTON BEACH FL 33435
US

Mailing Address

P.O. BOX 1511
BOYNTON BEACH FL 33435
US



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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	P
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	2.1 TITLE	
NAME	RALPH, WILLIAM	2.2 NAME	
STREET ADDRESS	400 N. FEDERAL HIGHWAY #611	2.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH FL 33441	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
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	4.1 TITLE	T
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	5.1 TITLE	D
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		6.1 TITLE	D
NAME		6.2 NAME	Johnson, Ted
STREET ADDRESS		6.3 STREET ADDRESS	137 Davit Drive
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617.0502, Florida Statutes; 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
EUGENE FINNIN

4/30/99

561-737-1003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (1/98)