

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 31, 2007 8:00 am**  
**Secretary of State**

01-31-2007 90040 020 \*\*\*\*70.00

DOCUMENT # N04000006272					
1. Entity Name PALM BEACH COUNTRY CLUB FOUNDATION, INC.					
Principal Place of Business 760 N. OCEAN BLVD. PALM BCH, FL 33480			Mailing Address 760 N. OCEAN BLVD. PALM BCH, FL 33480		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KOCHMAN, RONALD S ESQ. 222 LAKEVIEW AVE., SUITE 950 W. PALM BCH, FL 33401				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACK, DAVID S		NAME	Mack David S.	
STREET ADDRESS	958 NORTH LAKE WAY		STREET ADDRESS	958 North Lake way	
CITY-ST-ZIP	PALM BEACH, FL 33480		CITY-ST-ZIP	Palm Beach, FL 33480	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MONTGOMERY, ROBERT		NAME	STEIN MICHAEL	
STREET ADDRESS	1800 SOUTH OCEAN BLVD		STREET ADDRESS	327 Via Tortuga	
CITY-ST-ZIP	PALM BEACH, FL 33480		CITY-ST-ZIP	Palm Beach, FL 33480	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINE, MILTON		NAME		
STREET ADDRESS	TWO NORTH BREAKERS ROW, #N-21		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH, FL 33480		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EICHNER, IRA		NAME	Eichner IRA	
STREET ADDRESS	301 PALMER PARK		STREET ADDRESS	301 Palmer Park	
CITY-ST-ZIP	PALM BEACH, FL 33480		CITY-ST-ZIP	Palm Beach, FL 33480	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNON, PETER		NAME		
STREET ADDRESS	ONE NORTH BREAKERS ROW, #413		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH, FL 33480		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURTIS, ALAN		NAME	Curtis Alan	
STREET ADDRESS	720 SOUTH OCEAN BLVD		STREET ADDRESS	720 South Ocean Blvd.	
CITY-ST-ZIP	PALM BEACH, FL 33480		CITY-ST-ZIP	Palm Beach, FL 33480	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Alan Curtis</i>			Date: <i>1/26/07</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		