

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 701986

**Entity Name:** TRIANGLE CLUB, INC.**Current Principal Place of Business:**1369 OKEECHOBEE ROAD  
WEST PALM BEACH, FL 33401**Current Mailing Address:**1369 OKEECHOBEE ROAD  
WEST PALM BEACH, FL 33401 US**FEI Number:** 59-0919735**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ANDERSON, DAVID CTRUSTEE  
1369 OKEECHOBEE ROAD  
WEST PALM BEACH, FL 33401 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	T
Name	ANDERSON, DAVID C
Address	3307 WASHINGTON ROAD
City-State-Zip:	WEST PALM BEACH FL 33405

Title	T
Name	HENRY, CHRIS
Address	12-C LEXINGTON LANE EAST
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	T
Name	ROMEIO, KATHY
Address	303 SW 7TH STREET
City-State-Zip:	BOYNTON BEACH FL 33426

Title	T
Name	HANSEDER, JAMES
Address	2875 IRIQUOIS CIRCLE
City-State-Zip:	WEST PALM BEACH FL 33409

Title	TRUSTEE
Name	MASARACHIO, PAUL
Address	801 SOUTH OLIVE APT #817
City-State-Zip:	WEST PALM BEACH FL 33401

Title	TRUSTEE
Name	CARPER, JOHN
Address	178 BERKSHIRE 1
City-State-Zip:	WEST PALM BEACH FL 33417

Title	PRESIDENT
Name	LORBER, AUGUSTA
Address	P.O. BOX 2745
City-State-Zip:	PALM BEACH FL 33480

Title	VP
Name	GRUFF, CHARLIE
Address	310 52ND STREET
City-State-Zip:	WEST PALM BEACH FL 33405

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** AUGUSTA LORBER**PRESIDENT****03/25/2013**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title SECRETARY  
Name MURPHY, SEAN  
Address 4624 CHERRY ROAD  
City-State-Zip: WEST PALM BEACH FL 33417

Title TREASURER  
Name JAMES, CHIP  
Address 208 WEST INDIES DRIVE  
City-State-Zip: PALM BEACH FL 33480