

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 317630

**Entity Name:** PALM BEACH NATIONAL GOLF AND COUNTRY CLUB, INC.**Current Principal Place of Business:**7500 ST ANDREWS ROAD  
LAKE WORTH, FL 33467**Current Mailing Address:**7500 ST ANDREWS ROAD  
LAKE WORTH, FL 33467 US**FEI Number:** 59-1165141**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK INC.  
801 US HIGHWAY 1  
NORTH PALM BEACH, FL 33408 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 CHIEF OPERATING OFFICER /  
DIRECTOR  
Name SEGARRA, JOSEPH W  
Address 7500 ST ANDREWS ROAD  
City-State-Zip: LAKE WORTH FL 33467

Title ASSISTANT SECRETARY  
Name BOND, JILL K  
Address 7500 ST ANDREWS ROAD  
City-State-Zip: LAKE WORTH FL 33467

Title CHIEF LEGAL OFFICER/SECRETARY  
Name GRIESHOBER, WILLIAM E JR.  
Address 7500 ST ANDREWS ROAD  
City-State-Zip: LAKE WORTH FL 33467

Title TREASURER  
Name TRAPPER, RYAN  
Address 7500 ST ANDREWS ROAD  
City-State-Zip: LAKE WORTH FL 33467

Title CHAIRMAN / DIRECTOR  
Name RICH, ROBERT E JR  
Address 7500 ST ANDREWS ROAD  
City-State-Zip: LAKE WORTH FL 33467

Title DIRECTOR  
Name RICH, MELINDA R  
Address 7500 ST ANDREWS ROAD  
City-State-Zip: LAKE WORTH FL 33467

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** GRIESHOBER , WILLIAM E , JR.**SECRETARY, BY**  
SAVANAH KELLEY,  
ATTORNEY-IN-FACT**04/24/2020**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date