

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

APPROVED  
AND  
FILED

96 JAN 23 PM 3: 08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 132308

(8)

1. Corporation Name

THE EVERGLADES CLUB, INC.

Principal Place of Business

356 WORTH AVE.  
PALM BEACH FL 33480

Mailing Address

356 WORTH AVE.  
PALM BEACH FL 33480

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/29/1936

3a. Date of Last Report

01/25/1995

4. FEI Number

59-0198160

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

10. Name and Address of New Registered Agent

HOOKE, JUDITH A., CONTROLLER  
356 WORTH AVE.  
PALM BEACH FL 33480

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 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

*Judith Hooks*  
Signature of Registered Agent

(NOTE: Registered Agent Signature required when registering)

1-16-96  
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
PD REYNOLDS, JOHN M., III  
STREET ADDRESS  
576 ISLAND DR.  
CITY-STATE-ZIP  
PALM BCH, FL 00000

TITLE ☐ DELETE

NAME  
SD TERRY, ROBERT L.  
STREET ADDRESS  
137 KINGS ROAD  
CITY-STATE-ZIP  
PALM BEACH FL

TITLE ☐ DELETE

NAME  
VD ALBAN, JAMES C.  
STREET ADDRESS  
400 WORTH AVENUE  
CITY-STATE-ZIP  
PALM BEACH, FL 0

TITLE ☐ DELETE

NAME  
TD SCOTT, RICHARD P  
STREET ADDRESS  
430 AUSTRALIAN AVE  
CITY-STATE-ZIP  
PALM BEACH FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☐ Change ☒ Addition

300001707753  
-02/06/96--01080--020

\*\*\*\*200.00 \*\*\*\*200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 if changed, or on an attachment with an address.

SIGNATURE:

*Richard P. Scott*  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-96  
DATE

Daytime Phone #

CR2E034 (12/95)