

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90141 001 ***300.00

DOCUMENT # 506371

1. Entity Name
SHERBROOKE GOLF AND COUNTRY CLUB, INC.



Principal Place of Business
6150 LYONS ROAD
LAKE WORTH, FL 33467-6115

Mailing Address
6150 LYONS ROAD
LAKE WORTH, FL 33467-6115

66005605



02212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1717733

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHWEBEL, M. MAC
44 COCOANUT ROW
PALM BEACH, FL 33480

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
SCHWEBEL, M. MAC
44 COCOANUT ROW
PALM BEACH, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
SCHWEBEL, JOHN M.
14250 SW 73RD AVE
MIAMI, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
DIFONZO, PAULINE S.
12204-6 SAG HARBOR CT
W PALM BEACH, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 607, 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:

Pauline S. DiFonzo **PAULINE S. diFonzo** 3/1/08 561 964-6071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #