

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 506371

FILED
Jan 06, 2009
Secretary of State

Entity Name: SHERBROOKE GOLF AND COUNTRY CLUB, INC.

Current Principal Place of Business:

6150 LYONS ROAD
LAKE WORTH, FL 334676115

New Principal Place of Business:

6151 LYONS ROAD
LAKE WORTH, FL 334676115

Current Mailing Address:

6150 LYONS ROAD
LAKE WORTH, FL 334676115

New Mailing Address:

6151 LYONS ROAD
LAKE WORTH, FL 334676115

FEI Number: 59-1717733

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: SCHWEBEL, M. MAC,
Address: 44 COCOANUT ROW
City-St-Zip: PALM BEACH, FL

Title: VPD () Delete
Name: SCHWEBEL, JOHN M.,
Address: 14250 SW 73RD AVE
City-St-Zip: MIAMI, FL

Title: S () Delete
Name: DIFONZO, PAULINE S.,
Address: 12204-6 SAG HARBOR CT
City-St-Zip: W PALM BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: SCHWEBEL, M. MAC,
Address: 44 COCOANUT ROW
City-St-Zip: PALM BEACH, FL 33480

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: DIFONZO, PAULINE S.,
Address: 12204-6 SAG HARBOR CT
City-St-Zip: WELLINGTON, FL 33414

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PAULINE DI FONZO

S

01/06/2009

Electronic Signature of Signing Officer or Director

Date