

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 707620 (1)**

1. Corporation Name

**PALM BEACH COUNTY SHELL CLUB, INC.**



Principal Place of Business

C/O JOHN ROOT. 503 ROSELAND DR.  
P.O. BOX 182  
WEST PALM BEACH FL 33402

Mailing Address

C/O JOHN ROOT. 503 ROSELAND DR.  
P.O. BOX 182  
WEST PALM BEACH FL 33402

*Phyllis Diegel* C/O Phyllis Diegel

3. Date Incorporated or Qualified  
**07/21/1964**

3a. Date of Last Report  
**04/12/1995**

2. Principal Place of Business  
21 **2000 N. Congress Ave.**

2a. Mailing Address  
26 **2000 N. Congress Ave.**

4. FEI Number  
**59-6136281**

Applied For  
Not Applicable

22 **#223**

27 **#223**

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

23 **West Palm Beach, FL**

28 **West Palm Beach, FL**

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

24 **33409** 25 **Palm Beach**

29 **33409** 30 **Palm Beach**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DIEGEL, PHYLLIS  
1081 E WESTCHESTER  
WEST PALM BEACH FL 33407**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**2000 N. Congress Avenue #223**  
83  
84 City **West Palm Beach, FL** 85 Zip Code **33409**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HAGAR, TOM	
STREET ADDRESS	806 5TH AVE., N.	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	DIEGEL, PHYLLIS	
STREET ADDRESS	1081 E. WESTCHESTER DR.	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SEGALL, D. J.	
STREET ADDRESS	409 BLUEBIRD LANE	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	ROOT, JOHN	
STREET ADDRESS	503 ROSELAND DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	DIEGEL, DEBBIE	
STREET ADDRESS	1081 E WESTCHESTER	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARSHALL, CAROLE	
STREET ADDRESS	932 COCHRAN DR	
CITY-ST-ZIP	LAKE WORTH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>PRESIDENT</b>
2.3 STREET ADDRESS	<b>Diegel, Phyllis</b>
2.4 CITY-ST-ZIP	<b>2000 N. Congress Ave #223</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Director</b>
3.3 STREET ADDRESS	<b>Root, John</b>
3.4 CITY-ST-ZIP	<b>503 Roseland Drive</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Treasurer</b>
4.3 STREET ADDRESS	<b>Diegel, Debbie</b>
4.4 CITY-ST-ZIP	<b>2000 N. Congress Ave #223</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Secretary</b>
5.3 STREET ADDRESS	<b>Lynne Sponzarsky</b>
5.4 CITY-ST-ZIP	<b>4641 Palmdale Street #36-S</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Debra R. Kuegel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/25/96** (407) 684-3360  
Date Daytime Phone #

CR2E037 (12/95)