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Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

Mailing Address

C/O PHYLLIS DIEGEL  
2000 N CONGRESS AVENUE, 223  
WEST PALM BEACH FL 33409  
US

C/O PHYLLIS DIEGEL  
2000 N CONGRESS AVENUE, 223  
WEST PALM BEACH FL 33409-6368  
US



3. Date Incorporated or Qualified  
07/21/1964

3a. Date of Last Report  
01/31/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
59-6136281

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DIEGEL, PHYLLIS  
2000 N. CONGRESS AVENUE  
#223  
WEST PALM BEACH FL 33409

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 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME HAGAR, TOM  
STREET ADDRESS 806 5TH AVE., N.  
CITY-ST-ZIP LAKE WORTH FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE P  
NAME DIEGEL, PHYLLIS  
STREET ADDRESS 2000 NORTH CONGRESS AVENUE, #223  
CITY-ST-ZIP WEST PALM BEACH FL 33409

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D  
NAME ROOT, JOHN  
STREET ADDRESS 503 ROSELAND DRIVE  
CITY-ST-ZIP WEST PALM BEACH FL 33402

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE T  
NAME DIEGEL, DEBBIE  
STREET ADDRESS 2000 NORTH CONGRESS AVENUE, #223  
CITY-ST-ZIP WEST PALM BEACH FL 33402

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE S  
NAME SPOZARSKY, LYNNE  
STREET ADDRESS 4841 PALLADIN STREET #36-S  
CITY-ST-ZIP WEST PALM BEACH FL 33417

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D  
NAME MARSHALL, CAROLE  
STREET ADDRESS 932 COCHRAN DR  
CITY-ST-ZIP LAKE WORTH FL

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*[Signature]*

3/28/97 (56) 1024-3303

CR2E037 (9/96)