

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 707620

1. Corporation Name

PALM BEACH COUNTY SHELL CLUB, INC.

Principal Place of Business

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

Mailing Address

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

FILED
May 10, 1999 8:00 am
Secretary of State

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2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
07/21/1964

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE D
NAME LANGHAM, MARK
STREET ADDRESS 1210 GENERAL POINTE TR
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

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

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

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

TITLE D
NAME SPOZARSKY, LYNNE
STREET ADDRESS 4641 PALLADIN STREET #36-S
CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE P
NAME MARSHALL, CAROLE
STREET ADDRESS 932 COCHRAN DR
CITY-ST-ZIP LAKE WORTH FL 33461

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME POLLARD, JIM
1.3 STREET ADDRESS 322 FIRST STREET
1.4 CITY-ST-ZIP JUPITER FL 33458

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

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

4.1 TITLE T
4.2 NAME SPOZARSKY, GEORGE
4.3 STREET ADDRESS 4641 PALLADIN STREET #36-S
4.4 CITY-ST-ZIP WEST PALM BEACH FL 33417

5.1 TITLE S/D
5.2 NAME SPOZARSKY, LYNNE
5.3 STREET ADDRESS 4641 PALLADIN #36-S
5.4 CITY-ST-ZIP WEST PALM BEACH FL 33417

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

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/1999 561-833-4000
561-297-2742

CR2E037 (11/98)