

**2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Nov 02, 2006**  
**Secretary of State**

DOCUMENT# 721116

**Entity Name:** MAYACOO LAKES COUNTRY CLUB, INC.**Current Principal Place of Business:**9697 MAYACOO CLUB DRIVE  
WEST PALM BEACH, FL 33411**New Principal Place of Business:****Current Mailing Address:**9697 MAYACOO CLUB DRIVE  
WEST PALM BEACH, FL 33411**New Mailing Address:****FEI Number:** 59-1409381**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**HANLON, M. TIMOTHY  
340 ROYAL POINCIANA WAY #321  
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

**OFFICERS AND DIRECTORS:****Title:** VD ( ) Delete  
**Name:** ALTMAN, THOMAS L  
**Address:** 1000 NE SECOND STREET  
**City-St-Zip:** BELLE GLADE, FL 33430**Title:** SD ( ) Delete  
**Name:** WEDGWORTH, DENNIS G  
**Address:** 13643 STAMFORD DRIVE  
**City-St-Zip:** WELLINGTON, FL 33414**Title:** TD ( ) Delete  
**Name:** COFFMAN, STEPHEN V  
**Address:** 1824 GULFSTREAM WAY  
**City-St-Zip:** WEST PALM BEACH, FL 33411**Title:** PD ( ) Delete  
**Name:** HANLON, M. TIMOTHY  
**Address:** 340 ROYAL POINCIANA WAY #321  
**City-St-Zip:** PALM BEACH, FL 33480**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** VD (X) Change ( ) Addition  
**Name:** KRASKER, PAUL  
**Address:** 300 VALENCIA ROAD  
**City-St-Zip:** WEST PALM BEACH, FL 33401**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: M. TIMOTHY HANLON

PD

11/02/2006

Electronic Signature of Signing Officer or Director

Date