

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 726347 (8)

1. Corporation Name

PALM BEACH COUNTRY CLUB, INC.

Principal Place of Business

Mailing Address

760 N.OCEAN BLVD.
 PO BOX 997
 PALM BEACH FL 33480-0997

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 PO BOX 997
 PALM BEACH FL 33480-0997



3. Date Incorporated or Qualified

05/07/1973

4. FEI Number

59-0706084

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILANESI, ROBERTO
398 WINDOW ROCK RD.
WEST PALM BEACH FL 33414

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	VPD ☐ DELETE	1.1 TITLE	VPD ☐ Change ☒ Addition
NAME	LEVIN, MARTIN	1.2 NAME	Levin, Martin
STREET ADDRESS	2500 S OCEAN BLVD #3-4C	1.3 STREET ADDRESS	2500 S. Ocean Blvd. #3-4C
CITY-ST-ZIP	PALM BCH FL	1.4 CITY-ST-ZIP	Palm Beach, FL 33480 ☐ Change ☐ Addition
TITLE	PD ☐ DELETE	2.1 TITLE	
NAME	RUDNICK, DAVID	2.2 NAME	
STREET ADDRESS	240 KAWAMA LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH FL	2.4 CITY-ST-ZIP	
TITLE	VPD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	FRIEDMAN, JACK	3.2 NAME	
STREET ADDRESS	901 N OCEAN BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH FL	3.4 CITY-ST-ZIP	
TITLE	SD ☐ DELETE	4.1 TITLE	SD ☒ Change ☐ Addition
NAME	PRUDE, ROBERT	4.2 NAME	Puder, Robert S.
STREET ADDRESS	184 BRADLEY PLACE	4.3 STREET ADDRESS	184 Bradley Place
CITY-ST-ZIP	PALM BCH FL	4.4 CITY-ST-ZIP	Palm Beach, FL 33480
TITLE	GREE ☐ DELETE	5.1 TITLE	TD ☒ Change ☐ Addition
NAME	N, BERNARD	5.2 NAME	Green, Bernard R.
STREET ADDRESS	583 N LAKE WAY	5.3 STREET ADDRESS	583 N. Lake Way
CITY-ST-ZIP	PALM BEACH FL	5.4 CITY-ST-ZIP	Palm Beach, FL 33480
TITLE	D ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	DIAMOND, A. EPHRAIM	6.2 NAME	
STREET ADDRESS	110 SUNSET AVE #3A	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH FL	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.

SIGNATURE:

[Handwritten Signature]

CP2E037 (10/97)