2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# 726347

Entity Name: PALM BEACH COUNTRY CLUB, INC.

Current Principal Place of Business:

760 N.OCEAN BLVD.
PO BOX 997
PALM BEACH, FL 334800997

New Principal Place of Business:

Current Mailing Address:

760 N.OCEAN BLVD.
PO BOX 997
PALM BEACH, FL 334800997

New Mailing Address:

FEI Number: 59-0706084 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MILANESI, ROBERTO GM
398 WINDOW ROCK RD.
WEST PALM BEACH, FL 33414 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:	PD	( ) Delete
Name:	STEIN, MICHAEL	
Address:	227 VIA TORTUGA	
City-St-Zip:	PALM BCH, FL 33480	
Title:	VD	( ) Delete
Name:	EICHNER, IRA	
Address:	301 POLMER PARK	
City-St-Zip:	PALM BCH, FL 33480	
Title:	VD	( ) Delete
Name:	MACK, WILLIAM L	
Address:	200 BRADLEY PLACE	
City-St-Zip:	PALM BEACH, FL 33480	
Title:	SD	( ) Delete
Name:	FIVERSON, STEPHEN	
Address:	100 SUNRISE AVENUE	
City-St-Zip:	PALM BCH, FL 33480	
Title:	TD	( ) Delete
Name:	SIDMAN, EDWIN N	
Address:	TWO NORTH BREAKERS ROW, APT N21	
City-St-Zip:	PALM BEACH, FL 33480	
Title:	D	( ) Delete
Name:	FROMER, ROBERT	
Address:	326 VIA LINDA	
City-St-Zip:	PALM BCH, FL 33480	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	TD	(X) Change ( ) Addition
Name:	LORNING, ARTHUR S	
Address:	209 VIA TORTUGA	
City-St-Zip:	PALM BEACH, FL 33480	
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 Section 119.07(3)(i), 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: MICHAEL STEIN PD 04/26/2005

Electronic Signature of Signing Officer or Director — Date