


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 04, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # 726347 1. Entity Name PALM BEACH COUNTRY CLUB, INC.	
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Principal Place of Business 760 N.OCEAN BLVD. PO BOX 997 PALM BEACH, FL 33480-0997	Mailing Address 760 N.OCEAN BLVD. PO BOX 997 PALM BEACH, FL 33480-0997
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**DO NOT WRITE IN THIS SPACE**



01042008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-0706084	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

BIELSKY, STEVEN GM  
 3410 GREENWAY  
 JUPITER, FL 33458

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD EICHNER, IRA 301 POLMER PARK PALM BCH, FL 33480
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD FIVERSON, STEPHEN 100 SUNRISE AVE PALM BCH, FL 33480
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MACK, WILLIAM L 440 NORTH LAKE WAY PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD LORING, ARTHUR 622 NORTH FLAGLER DRIVE #1001 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MOSCOW, DAVID 3221 MONET DRIVE PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FROMER, ROBERT 3265 VIA LINDA PALM BCH, FL 33480

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000000815484  
 02/14/08-80011-006 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *IRA EICHNER* 1/6/08 561-844-3501  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #