## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 726347** 

FILED Jan 20, 2009 Secretary of State

Entity Name: PALM BEACH COUNTRY CLUB, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

760 N.OCEAN BLVD

PALM BEACH, FL 334800997

**Current Mailing Address: New Mailing Address:** 

760 N.OCEAN BLVD PALM BEACH, FL 334800997

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BIELSKY, STEVEN GM 3410 GREENWAY JUPITER, FL 33458 US

**OFFICERS AND DIRECTORS:** 

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:

Date

## Electronic Signature of Registered Agent

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition

EICHNER, IRA EICHNER, IRA Name: Name: 301 POLMER PARK Address: 301 POLMER PARK Address: PALM BCH, FL 33480 City-St-Zip: City-St-Zip: PALM BCH, FL 33480

Title: VD () Delete Title: MR (X) Change ( ) Addition FIVERSON, STEPHEN Name: FIVERSON, STEPHEN Name:

Address: 100 SUNRISE AVE Address: 100 SUNRISE AVE City-St-Zip: PALM BCH, FL 33480 City-St-Zip: PALM BCH, FL 33480

Title: VD () Delete Title: (X) Change ( ) Addition MACK, WILLIAM L DAVID, MOSCOW Name: Name:

440 NORTH LAKE WAY 3221 MONET DRIVE Address: Address:

City-St-Zip: PALM BEACH, FL 33480 City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: SD ( ) Delete Title: MR (X) Change ( ) Addition Name: LORING, ARTHUR Name: MILTON, FINE

622 NORTH FLAGLER DRIVE #1001 TWO N. BREAKERS ROW #N21 Address: Address: City-St-Zip: WEST PALM BEACH, FL 33401 City-St-Zip: PALM BEACH, FL 33480

Title: () Delete Title: (X) Change ( ) Addition

MOSCOW, DAVID FROMER, ROBERT Name: Name: 3221 MONET DRIVE 3265 VIA LINDA Address: Address: PALM BEACH GARDENS, FL 33410 City-St-Zip: City-St-Zip: PALM BEACH, FL 33480

Title: (X) Delete Title: () Change () Addition

FROMER, ROBERT Name: Name: Address: 3265 VIA LINDA Address: PALM BCH, FL 33480 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: IRA EICHNER MR 01/20/2009