
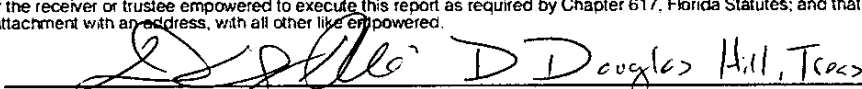


**FILED**  
**Jan 21, 2005 8:00 am**  
**Secretary of State**

50004695

<b>DOCUMENT # 729930</b> 1. Entity Name 100 CLUB OF SOUTH PALM BEACH COUNTY, INC.						01-21-2005 90048 006 ****61.25	
Principal Place of Business 201 N FEDERAL HWY SUITE 114 DEERFIELD BEACH, FL 33441 US				Mailing Address 201 N FEDERAL HWY SUITE 114 DEERFIELD BEACH, FL 33441 US			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent OSBORNE, R. BRADY JR P O DRAWER 40 BOCA RATON, FL 33432				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating)</small> DATE _____							
Filing Fee is \$61.25 Due by May 1, 2005				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE T <input type="checkbox"/> Delete NAME HILL, DOUGLAS D STREET ADDRESS 201 NORTH FEDERAL HWY #114 CITY-ST-ZIP DEERFIELD BEACH, FL 334413621				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE D <input type="checkbox"/> Delete NAME LAWLESS, PAUL M STREET ADDRESS 1877 S FEDERAL HWY, STE. 210 CITY-ST-ZIP BOCA RATON, FL 33432				TITLE VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE D <input type="checkbox"/> Delete NAME MILLER, CHARLES B STREET ADDRESS 23287 BLUE WATER CIRCLE #A507 CITY-ST-ZIP BOCA RATON, FL 334337020				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE VP <input type="checkbox"/> Delete NAME SMITH, BILL STREET ADDRESS 850 VIA CABANO CITY-ST-ZIP BOCA RATON, FL				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE P <input type="checkbox"/> Delete NAME OSBORNE, R. BRADY STREET ADDRESS P O DRAWER 40 CITY-ST-ZIP BOCA RATON, FL				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE VP <input type="checkbox"/> Delete NAME MALIFANTO, GREGORY STREET ADDRESS 920 MULBERRY WAY CITY-ST-ZIP BOCA RATON, FL 33486				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
12. 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 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:  D Douglas Hill, Treas 954-420-5599 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>							