2008 NOT-FOR-PROFIT_CORPORATION **ANNUAL REPORT**

DOCUMENT #729930

100 CLUB OF SOUTH PALM BEACH COUNTY, INC.



Principal Place of Business

201 N FEDERAL HWY

SUITE 114

DEERFIELD BEACH, FL 33441

Mailing Address

201 N FEDERAL HWY SUITE 114

DEERFIELD BEACH, FL 33441

US

FILED Jan 17, 2008 08:00 AM Secretary of State



01142008 No Chg-NP DO NOT WRITE IN THIS SPACE

CR2E037 (4/06)

4. FEI Number 59-1756721 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OSBORNE, R. BRADY JR P O DRAWER 40 BOCA RATON, FL 33432

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	e named entity submits this statement for the tions of registered agent.	ourpose of changing its registere	d office or r	egistered agent, or both, in	the State of Florida. I am familiar with, and accept
SIGNATURE.					
	5 gnature, typed or printed name of registered agent and bue	id applicable (NOTE Registered	Agent signature	e required when reinstating)	DATE
	Filing Fee is \$61.25 Due by May 1, 2008	Election Campaign Financ Trust Fund Contribution	cing	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			· · · · · · · · · · · · · · · · · · ·		
TITLE	T				
NAME	HILL, DOUGLAS D			* *	
STREET ADDRESS	201 NORTH FEDERAL HWY #114				
CITY-SI-ZIP	DEERFIELD BEACH, FL 334413621			•	
TITLE	DVP	-			•

NALIE LAWLESS, PAUL M STREET ADDRESS 1877 S FEDERAL HWY, STE. 210

CITY-ST-ZIP BOCA RATON, FL 33432 TITLE

NAME SMITH, BILL STREET ADDRESS 850 VIA CABANO CITY-ST-ZIP BOCA RATON, FL TITLE

HAME MALIFANTO, GREGORY STREET ADDRESS 920 MULBERRY WAY CITY-ST-ZIP BOCA RATON, FL 33486 TITLE

NAME STREET ACDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

CITY-ST-ZIP

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U00000788340 01/18/08-80037-012 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.

SIC	MAT	URE:
JIG	ITAL	UNE.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-68

954-420-5599

Daytime Prione #