FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

734466

(6)

TRI-COUNTY BMW CLUB, INC.

	FILED
Jan 17	1997 8:00am
Secre	etary of State

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-	e of Business	Mailing Address		1	
,		828 HANSEN STREET WEST PALM BEACH FL	33405-3550		
				3. Date Incorporated or Qualified 12/02/1975	3a. Date of Last Report 03/14/1996
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2513589	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	a	City & State		S. Floating Compains Figureins	
23	·	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in	
24	25	29	30		Yes 🔀 No
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Re	platered Agent
WEST PA	ITER STREET ALM BEACH FL 33405		8 2 83 84 City	dress (P.O. Box Number is Not Acceptable B. Hansen 57.	FL 85 Zip Code
office or ri agent. Fail	registered agent, or both, in the State im familiar with, and accept the obligi	of Florida. Such change wa ations of, Section 617.0503,	tates, the above-rained consistency of the corporal Florida Statutes.		t the appointment as registered 1 / 8 / 9 7 DATE
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	P	∠ DELETE	1.1 TITLE		Change Addition
NAME	Storm, Robert		1.2 NAME	canpbell, Clark	
1					
STREET ADDRESS	348 HUNTER STREET	-	1.3 STREET ADDRESS	22 Hansen 37	
CITY - ST - ZIP	348 HUNTER STREET WEST PALM BEACH FL 3340		1.3 STREET ADDRESS	22 Hansen 37	, FL 33405
CITY-ST-ZIP TITLE	WEST PALM BEACH FL 3340	5 DELETE	1.3 STREET ADDRESS 5 1.4 CITY - ST - ZIP 2.1 TITLE	PLB Hansen FT Nest Pain Beuch	, FL 33405
CITY-ST-ZIP TITLE NAME	WEST PALM BEACH FL 3340 T CLEMENTS, LYNNE		1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME	22 Hansen 37	, FL 33405 Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	WEST PALM BEACH FL 3340 T CLEMENTS, LYNNE 532 WRIGHT DRIVE		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	22 Hansen 37	, FL 33405 Change Addition
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CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP	WEST PALM BEACH FL 3340 T CLEMENTS, LYNNE 532 WRIGHT DRIVE LAKE WORTH FL 33461 VPD	☐ DELETE	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	728 Hausen 37 Nest Palm Beuch	Change
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	WEST PALM BEACH FL 3340 T CLEMENTS, LYNNE 532 WRIGHT DRIVE LAKE WORTH FL 33461	☐ DELETE	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	PLB Hausen 37 NEST Palm Beuch 190 TRNAD, BRUCE 24 SE 611 AUE NU	☑ Change ☐ Additio
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	WEST PALM BEACH FL 3340 T CLEMENTS, LYNNE 532 WRIGHT DRIVE LAKE WORTH FL 33461 VPD MARKS, STEVE	DELETE	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	PLB Hausen 37 NEST Palm Beuch 190 TRNAD, BRUCE 24 SE 611 AUE NU	☑ Change ☐ Additio
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	WEST PALM BEACH FL 33400 T CLEMENTS, LYNNE 532 WRIGHT DRIVE LAKE WORTH FL 33461 VPD MARKS, STEVE 828 HANSEN ST. WEST PALM BEACH FL 33400 VPD	DELETE	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	728 Hausen 37 Nest Palm Beuch	☐ Change ☐ Additio
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4. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Clark K. Cambell Chark K. Cambell 1/8/97 (561) 588-3154

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Date Description of Printed Name of Signing Officer OR DIRECTOR