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Feb 10 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 738566 (9)

1. Corporation Name

GFWC ROYALE WOMAN'S CLUB OF BOCA RATON, INC.

Nonprofit

Tax Exempt Status



Principal Place of Business	Mailing Address
P.O. BOX 1077 BOCA RATON FL 33429-1077	P.O. BOX 1077 BOCA RATON FL 33429-1077

3. Date Incorporated or Qualified 04/05/1977	3a. Date of Last Report 04/02/1996
4. FEI Number 59-6223407	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

## 9. Name and Address of Current Registered Agent

KEELEY, JOSEPH F., P.A.  
 2424 NO. FEDERAL HIGHWAY  
 SUITE 314  
 BOCA RATON FL 33431

## 10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POTVIN, BEATRICE	1.2 NAME	SAME
STREET ADDRESS	790 SW ELM TREE LANE	1.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL 33486	1.4 CITY - ST - ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, RUTH	2.2 NAME	Cromwell, Sue
STREET ADDRESS	23287 BLUE WATER CIRCLE #A-303	2.3 STREET ADDRESS	5439-L Verona Drive
CITY - ST - ZIP	BOCA RATON FL 33433	2.4 CITY - ST - ZIP	Boynton Beach, FL. 33437
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHANDLER, JANE	3.2 NAME	Holden, Shelby
STREET ADDRESS	5578 CAMEO DRIVE NO.	3.3 STREET ADDRESS	750 S. Ocean Boulevard, 1-N
CITY - ST - ZIP	BOCA RATON FL 33433	3.4 CITY - ST - ZIP	Boca Raton, FL. 33432
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOBULNICKY, CATHERINE	4.2 NAME	Flanagan, Frances
STREET ADDRESS	5439 N. VERONA DRIVE	4.3 STREET ADDRESS	1302-17292 Boca Club Boulevard
CITY - ST - ZIP	BOYNTON BEACH FL 33437	4.4 CITY - ST - ZIP	Boca Raton, FL. 33487
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLANAGAN, FRANCES	5.2 NAME	Brew Allene
STREET ADDRESS	1302-17292 BOCA CLUB BLVD.	5.3 STREET ADDRESS	911 Tamarind Way
CITY - ST - ZIP	BOCA RATON FL 33487	5.4 CITY - ST - ZIP	Boca Raton, FL. 33486
TITLE	V <input checked="" type="checkbox"/> DELETE	6.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLDEN, SHELBY	6.2 NAME	Ambler, Carol
STREET ADDRESS	750 OCEAN BLVD. #1-N	6.3 STREET ADDRESS	6035 Verde Trail South, #J-224
CITY - ST - ZIP	BOCA RATON FL 33432	6.4 CITY - ST - ZIP	Boca Raton, FL. 33433

14. 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: *Beatrice Potvin (Typed)* BEATRICE I POTVIN 1/31/97 (561) 368-8208  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0041823

CR2E037 (9/96)