FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

Zip

24



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 738566

Country

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(9)

Not Tax Exempt Status GFWC ROYALE WOMAN'S CLUB OF BOCA RATON, INC. Principal Place of Business Mailing Address P.O. BOX 1077 P.O. BOX 1077 3. Date Incorporated or Qualified **BOCA RATON FL 33429-1077 BOCA RATON FL 33429-1077** 04/05/1977 4. FEI Number Applied For 59-6223407 Not Applicable Principal Place of Business Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 Fee Required 6. Election Campaign Financing Sulte, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be Trust Fund Contribution Added to Fees 22 City & State City & State

9. Name and Address of Current Registered Agent KEELEY, JOSEPH F., P.A. 2424 NO. FEDERAL HIGHWAY **SUITE 314 BOCA RATON FL 33431**

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| intry | This corporation owes or has paid the current year intangible |
|-------|---|
| | Personal Property Tax due June 30. Yes No |
| | 10. Name and Address of New Registered Agent |
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | |
| 84 | City 85 Zip Code |

7. Is this nonprofit corporation a homeowners association?

☐ Yes 😡 No

FILED

Feb 24 1998 8:00am

Secretary of State

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.

Country

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| SIGNATURE . | | | | | | |
|----------------|---|----------|--------------------|---|---------------|------------|
| | Signature, typed or printed name of registered agent and title if ap- | | | required when reinstating) DATE | | |
| 12. | OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE | TD | ☐ DELETE | 1.1 TITLE | TD | ☐ Change | 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 | X DELETE | 2.1 TITLE | On1 A1 | Change Change | Addition |
| NAME | Cromwell, sue | | 2.2 NAME | Carol Ambler | "- 001 | |
| STREET ADDRESS | 5439-L VERONA DRIVE | | 2.3 STREET ADDRESS | 6035 Verde Trail South, | #J-224 | |
| CITY-ST-ZIP | BOYNTON BEACH FL | | 2. 4 CITY-ST-ZIP | Boca Raton, Fl. 33433 | | |
| TITLE | PD | DELETE | 3.1 TITLE | PD | ☐ Change | Addition |
| NAME | HOLDEN, SHELBY | | 3.2 NAME | SAME | | |
| STREET ADDRESS | 750 SO OCEAN BLVD. STE 1-N | | 3.3 STREET ADDRESS | Ora ID | | |
| CITY-ST-ZIP | BOCA RATON FL | | 3.4. CITY-ST-ZIP | | | |
| TITLE | \$D | X DELETE | 4.1 TITLE | SD | Change | ☐ Addition |
| NAME | FLANAGAN, FRANCES | | 4. 2 NAME | | | |
| STREET ADDRESS | 1302-17292 BOCA CLUB BLVD. | | 4.3 STREET ADDRESS | Catherine Kobulnicky 5439M Verona Drive Boynton Beach, Fl 33437 | | |
| CITY-ST-ZIP | BOCA RATON FL | | 4.4 CiTY-ST-ZIP | Boynton Beach, F1 33437 | | |
| TITLE | SD | ☐ DELETE | 5.1 TITLE | S | ☐ Change | Addition |
| NAME | ALLENE, BREW | | 5.2 NAME | SAME | | |
| STREET ADDRESS | 911 TAMARIND WAY | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | BOCA RATON FL | | 5.4 CITY-ST-ZIP | | | |
| TITLE | V | DELETE | 6.1 TITLE | V | Change | Addition |
| NAME | AMBLER, CAROL | | 6.2 NAME | Madlyn Haas | | |
| STREET ADDRESS | 6035 VERDE TRAIL SO. STE J-224 | | 6.3 STREET ADDRESS | 6037 Balboa Circle #20 | 3 | : |

CMY-ST-ZIP BUCA RATON FL

14. 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 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:

(561) 368-8208