

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90115 003 \*\*\*\*61.25

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| <b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # 738566**

1. Corporation Name

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

Principal Place of Business

P.O. BOX 1077  
BOCA RATON FL 33429-1077

Mailing Address

P.O. BOX 1077  
BOCA RATON FL 33429-1077

Nonprofit with IRS 501 (c) (3)

Tax Exempt Status



|   |  |                        |  |                                   |  |
|---|--|------------------------|--|-----------------------------------|--|
| 2. Principal Place of Business                            |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified |  |
| 21 Suite, Apt. #, etc.                                    |  | 26 Suite, Apt. #, etc. |  | 04/05/1977                        |  |
| 22 City & State   |  | 27 City & State        |  | 4. FEI Number                     |  |
| 23 Zip  |  | 28 Zip                 |  | 59-6223407                        |  |
| 24 Country  |  | 29 Country             |  | 30                                |  |
| 5. Certificate of Status Desired <input type="checkbox"/> |  |                        |  | \$8.75 Additional Fee Required    |  |
| 6. Election Campaign Financing <input type="checkbox"/>   |  |                        |  | \$5.00 May Be Added to Fees       |  |

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                             | 1.1 TITLE   | TD                       |
| NAME                       | POTVIN, BEATRICE               | 1.2 NAME  |                          |
| STREET ADDRESS             | 790 SW ELM TREE LANE           | 1.3 STREET ADDRESS                                    | SAME                     |
| CITY-ST-ZIP                | BOCA RATON FL 33486            | 1.4 CITY-ST-ZIP                                       |                          |
| TITLE                      | V                              | 2.1 TITLE   | V                        |
| NAME                       | AMBLER, CAROL                  | 2.2 NAME  | Bonnie Robin             |
| STREET ADDRESS             | 6035 VERDE TRAIL SOUTH, #J-224 | 2.3 STREET ADDRESS                                    | 5135 Floria Drive #F     |
| CITY-ST-ZIP                | BOCA RATON FL 33433            | 2.4 CITY-ST-ZIP                                       | Boynton Beach, Fl. 33437 |
| TITLE                      | PD                             | 3.1 TITLE   | PD                       |
| NAME                       | HOLDEN, SHELBY                 | 3.2 NAME  | Carol Ambler             |
| STREET ADDRESS             | 750 SO OCEAN BLVD. STE 1-N     | 3.3 STREET ADDRESS                                    | 6035 Verde Trail South   |
| CITY-ST-ZIP                | BOCA RATON FL                  | 3.4 CITY-ST-ZIP                                       | Boca Raton, Fl. 33433    |
| TITLE                      | SD                             | 4.1 TITLE   | SD                       |
| NAME                       | KOBULNICKY, CATHERINE          | 4.2 NAME  | Mary Strauss             |
| STREET ADDRESS             | 5439M VERONA DR                | 4.3 STREET ADDRESS                                    | 6152 North Verde Trail   |
| CITY-ST-ZIP                | BOYNTON BCH FL 33437           | 4.4 CITY-ST-ZIP                                       | Boca Raton, Fl. 33433    |
| TITLE                      | S                              | 5.1 TITLE   | S                        |
| NAME                       | ALLENE, BREW                   | 5.2 NAME  | Judy Mullenix            |
| STREET ADDRESS             | 911 TAMARIND WAY               | 5.3 STREET ADDRESS                                    | 6790 Jardin Place        |
| CITY-ST-ZIP                | BOCA RATON FL                  | 5.4 CITY-ST-ZIP                                       | Boca Raton, Fl. 33433    |
| TITLE                      | V                              | 6.1 TITLE   | V                        |
| NAME                       | HAAS, MADLYN                   | 6.2 NAME  | Jane Chandler            |
| STREET ADDRESS             | 6037 BALBOA CIR, #203          | 6.3 STREET ADDRESS                                    | 5578 Cameo Drive North   |
| CITY-ST-ZIP                | BOCA RATON FL 33433            | 6.4 CITY-ST-ZIP                                       | Boca Raton, Fl. 33433    |

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, with all other like empowered.

SIGNATURE: Beatrice I. Potvin (Treas) January 15, 1999 (561) 368-8208

CR2E037 (1/98)