


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90228 035 \*\*\*\*61.25

<b>DOCUMENT # 738740</b> 1. Entity Name <b>PALM BEACH MASONIC SQUARE CLUB, INC.</b>					
Principal Place of Business <b>1901 SOUTH CONGRESS AVENUE # 120 BOYNTON, FL 33426 US</b>			Mailing Address <b>1901 SOUTH CONGRESS AVENUE # 120 BOYNTON, FL 33426 US</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number <b>23-7410600</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MERKLE, WILLIAM R. 1901 SOUTH CONGRESS AVENUE #120 BOYNTON, FL 33426</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>NORMAN, MALLUK 8795 CASTLE CR BOYNTON BEACH, FL 33436</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>ARTHUR WOLF 1906 SW 13TH WAY BOYNTON BEACH, FL 33426</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>LLEWELLYN, FERNALD 1070 SW 20TH TERRACE APT 122 DELRAY BEACH, FL 33445</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>GEORGE ROBERTS 7717 BRISTOL BAY LANE LAKE WORTH, FL 33462</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>KOPPELMAN, WILLIAM 10124 45TH WAY S 468 BOYNTON BEACH, FL 334364264</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>ROBERT POLHAMUS 10339 ST. ANDREWS ROAD BOYNTON BEACH, FL 33436</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>SHUMELDA, WILLIAM 118 SW 10TH COURT BOYNTON BEACH, FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>BERT E. EIPPERT 1006 SW 15TH STREET BOYNTON BEACH, FL 33426</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>DOLINS, EDWARD H 2723 QUAKING LEAF LANE BOYNTON BEACH, FL 33436</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>STANDISH K. ALLEN 2002 SW 17TH STREET BOYNTON BEACH, FL 33426</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>HOLMES, JOSEPH 603 CANAL WAY BOYNTON BEACH, FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>SEYMOUR FRIEDMAN 5695 SWAYING PALM LANE BOYNTON BEACH, FL 33437</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
12. 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 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.					
<b>SIGNATURE:</b> <u>Bert E. Eippert</u> Bert E. Eippert <u>4/27/04 (561) 732-8035</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					