

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY -1 AM 8:20

DOCUMENT # 754426 (5)

1. Corporation Name  
THE WESTHAMPTON CLUB, INC.

Principal Place of Business Mailing Address  
C/O KAREN REZNER  
12641 WESTHAMPTON CIR. #C302  
WELLINGTON FL 33414  
12681 WESTHAMPTON CIRCLE  
APT. A-202  
WEST PALM BEACH FL 33414  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/01/1980	3a. Date of Last Report 05/01/1994
4. FEI Number NOT APPLICABLE	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.002, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 13857 WOODLAND TRACO	2a. Mailing Address 26
Suite, Apt. #, etc. 22 D-1	Suite, Apt. #, etc. 27
City & State 23 WPB FL	City & State 28
Zip 24 33414	Country 25
Country 29	Country 30

9. Name and Address of Current Registered Agent FUCHS, LAWRENCE M. 590 ROYAL PALM BCH. BLVD. ROYAL PALM BCH. FL 33411	10. Name and Address of New Registered Agent 81 Name MICHAEL H. NELSON 82 Street Address (P.O. Box Number is Not Acceptable) 13857 WOODLAND TRACO 83 SUITE D-1 84 City WPB FL 85 Zip Code 33414
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE MICHAEL H. NELSON *Michael H Nelson* 4/15/95  
Signature, typed or printed name of registered agent and the 4 applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	CLARK, KATHY 12681 WESTHAMPTON CIRCLE, #A-202 WEST PALM BEACH FL	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TB	LIFSHITZ, SANDY 14534 AUTUMN AVE. WEST PALM BCH. FL	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	DEARMAS, OSWALDO 14829 STIRBUP LN WEST PALM BCH. FL	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P/D	KAREN REZNER WEST PALM BCH, FL	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE T/D	DIANE OLSON WEST PALM BCH, FL	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE S/D	CARL NACARATO SUELEN CIR WEST PALM BCH, FL	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: *Sandra B. Morham*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Month/Year)