

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 754426

(5)

1. Corporation Name

THE WESTHAMPTON CLUB, INC.

Principal Place of Business

Mailing Address

43857 WELLINGTON TRACE
D-1
WEST PALM BEACH FL 33414
US

13857 WELLINGTON TRACE
D-1
WEST PALM BEACH FL 33414
US



3. Date Incorporated or Qualified
10/01/1980

3a. Date of Last Report
05/01/1995

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 12765 W FOREST HILL BLVD
Suite, Apt. #, etc.
22 #1302

26 SAME AS #2
Suite, Apt. #, etc.
27 SAME

23 WELLINGTON, FL
City & State
24 33414-4724 Zip Country

28 SAME
City & State
29 SAME Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NELSON, MICHAEL H
13857 WELLINGTON TRACE
STE D-1
WEST PALM BEACH FL 33414

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
12765 W. FOREST HILL BLVD.
#1302
84 City
WELLINGTON FL 85 Zip Code
33414

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME REZNER, KAREN
STREET ADDRESS 12681 WESTHAMPTON CIRCLE, #A-202
CITY-ST-ZIP WEST PALM BEACH FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 12641 WESTHAMPTON CIRCLE #C-311
1.4 CITY-ST-ZIP WEST PALM BEACH WELLINGTON, FL 33414

TITLE TD
NAME OLSON, D IANE
STREET ADDRESS 14534 AUTUMN AVE.
CITY-ST-ZIP WEST PALM BEACH FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 12641 WESTHAMPTON CIRCLE #C-312
2.4 CITY-ST-ZIP WELLINGTON, FL 33414

TITLE SD
NAME NACARATO, CARL
STREET ADDRESS SUELLEN CIRCLE
CITY-ST-ZIP WEST PALM BEACH FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS 12641 11944 SUELLEN CIRCLE
3.4 CITY-ST-ZIP WELLINGTON, FL 33414

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96 (407) 793-7266

CR2E037 (12/95)