

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754426

FILED
Apr 30, 2004
Secretary of State**Entity Name:** THE WESTHAMPTON CLUB, INC.**Current Principal Place of Business:**11360 FORTUNE CIRCLE
SUITE E-6A
WELLINGTON, FL 33414 US**New Principal Place of Business:****Current Mailing Address:**11924 FOREST HILL BLVD., #22
PMB 221
WELLINGTON, FL 33414 US**New Mailing Address:****FEI Number:** 59-3310401 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**PALERMO, GEORGE J
11924 FOREST HILL BLVD, #22
PMB 221
WELLINGTON, FL 33414 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** DP () Delete
Name: GROVES, KENNETH
Address: 14831 DRAFTHORSE LANE
City-St-Zip: WELLINGTON, FL 33414**Title:** DVP (X) Delete
Name: OLSON, DIANE
Address: 12641 WESTHAMPTON CR., # C312
City-St-Zip: WELLINGTON, FL 33414**Title:** DST () Delete
Name: MULLING, CHRIS
Address: 2749 YARMOUTH COURT
City-St-Zip: WELLINGTON, FL 33414 US**Title:** D () Delete
Name: MULLING, THOMAS
Address: 2749 YARMOUTH CT
City-St-Zip: WELLINGTON, FL 33414**Title:** D () Delete
Name: SMITH, CLAUDETTE
Address: 12641 WESTHAMPTON CR, C302
City-St-Zip: WELLINGTON, FL 33414**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** DVP (X) Change () Addition
Name: MULLING, THOMAS
Address: 2749 YARMOUTH CT
City-St-Zip: WELLINGTON, FL 33414**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEN GROVES

DP

04/30/2004

Electronic Signature of Signing Officer or Director

Date