FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 27 PM 3:20

DOCUMENT # 755054 (4)

1. Corporation Name
GOLDEN LAKES VILLAGE MENS CLUB, INC.

Principal Place of Business	Mailing Address
1700 GOLDEN LAKES BLVD. WEST PALM BEACH FL 33411-2105	1700 GOLDEN LAKES BLVD. WEST PALM BEACH FL 33411-2105

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/07/1980
3a. Date of Last Report: 01/28/1994
4. FEI Number: 12-5031576 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

KAPNER, NORMAN J
515 N. FLAGLER DR.
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	11 TITLE	☐ Change ☐ Addition
NAME	GELLER, MAX	12 NAME	
STREET ADDRESS	433 LAKE CAROL DR.	13 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	FEINGOLD, SAM	22 NAME	
STREET ADDRESS	120 LAKE DORA DR	23 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH, FL 00000	24 CITY-ST-ZIP	
TITLE	VP	31 TITLE	☐ Change ☐ Addition
NAME	KNOPF, BERNARD	32 NAME	
STREET ADDRESS	156 LAKE CAROL DR.	33 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH, FL 00000	34 CITY-ST-ZIP	
TITLE	RS	41 TITLE	☐ Change ☐ Addition
NAME	SCHWARTZ, MORRIS	42 NAME	
STREET ADDRESS	140 LAKE CAROL DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL	44 CITY ST ZIP	
TITLE	FSD	51 TITLE	☐ Change ☐ Addition
NAME	MOSKOWITZ, SAMUEL	52 NAME	
STREET ADDRESS	213 LAKE DORA DRIVE	53 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL	54 CITY ST ZIP	
TITLE	VP	61 TITLE	☐ Change ☐ Addition
NAME	HYMOWITZ, LEON	62 NAME	
STREET ADDRESS	GOLDEN LAKES BLVD.	63 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL	64 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)(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.

SIGNATURE: Samuel Moskowitz 1/28/95 (407) 689-3874
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #
SAMUEL MOSKOWITZ, FIN. SECRETARY

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