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Jan 28 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **755054** (4)

1. Corporation Name

GOLDEN LAKES VILLAGE MENS CLUB, INC.

Principal Place of Business

**1700 GOLDEN LAKES BLVD.
WEST PALM BEACH FL 33411-2105**

Mailing Address

**GOLDEN LAKES VILLAGE MENS CLUB
C O HENRY MORRIS 160 LAKE BARBARA DRIVE
WEST PALM BEACH FL 33411**

9/0 SAM KARP

3. Date Incorporated or Qualified
11/07/1980

3a. Date of Last Report
03/20/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 **206 LAKE HELEN DRIVE**

27 Suite, Apt. #, etc.

28 City & State

W. PALM BEACH, FL

29 Zip

33411

30 Country

U.S.A

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **KARP, SAM**
STREET ADDRESS **206 LAKE HELEN DRIVE**
CITY-ST-ZIP **W. PALM BEACH FL 33411**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **MORRIS, HENRY**
STREET ADDRESS **160 LAKE BARBARA DRIVE**
CITY-ST-ZIP **W. PALM BEACH FL 33411**

2.1 TITLE **(CHANGE OF ADDRESS ONLY)** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **148 LAKE BARBARA DRIVE**
2.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE
NAME **SCHENK, WALTER**
STREET ADDRESS **324 LAKE FRANCES DRIVE**
CITY-ST-ZIP **W. PALM BEACH FL 33411**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE
NAME **SCHWARTZ, MORRIS**
STREET ADDRESS **140 LAKE CAROL DRIVE**
CITY-ST-ZIP **W. PALM BEACH FL**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. I do 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 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

Date

Daytime Phone # 0078645

CR2E037 (9/96)