

DOCUMENT # 755054

1. Entity Name

GOLDEN LAKES VILLAGE MENS CLUB, INC.

Principal Place of Business

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

Mailing Address

C/O SAM KARP
206 LAKE HELEN DRIVE
WEST PALM BEACH FL 33411
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

12-5031576

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

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

TITLE VD ☐ Delete
NAME MORRIS, HENRY
STREET ADDRESS 148 LAKE BARBARA DRIVE
CITY-ST-ZIP W. PALM BEACH FL

TITLE TD ☐ Delete
NAME KATZ, MORRIS
STREET ADDRESS 429 LAKE FRANCES
CITY-ST-ZIP W. PALM BEACH FL 33411

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90001 042 ****61.25



DO NOT WRITE IN THIS SPACE

CHS4

CR2E037 (10/00)