

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 30, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90064 009 \*\*\*\*61.25

**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

**44005941**



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida 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 T ☒ Delete  
NAME KATZ, MORRIS  
STREET ADDRESS 113 LAKE CAROL  
CITY-ST-ZIP W. PALM BEACH FL 33411

TITLE S ☐ Delete  
NAME GROSSMAN, LEON  
STREET ADDRESS 142 LAKE ANNE  
CITY-ST-ZIP WEST PALM BEACH FL 33441

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 **SOLOMON, RALPH**  
STREET ADDRESS **113 LAKE CAROL DR.**  
CITY-ST-ZIP **W. PALM BEACH, FL 33411**

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*1/26/04* *561-688952*