

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 24, 2007 8:00 am
Secretary of State

01-24-2007 90048 020 ****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**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

12-5031576

Applied For

Not Applicable

Zip

Country

Zip

Country

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. 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 registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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	<input type="checkbox"/> Delete
NAME	KARP, SAM	
STREET ADDRESS	206 LAKE HELEN DRIVE	
CITY ST ZIP	W. PALM BEACH FL 33411	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MORRIS, HENRY	
STREET ADDRESS	148 LAKE BARBARA DRIVE	
CITY ST ZIP	W. PALM BEACH FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SOLOMON, RALPH	
STREET ADDRESS	113 LAKE CAROL	
CITY ST ZIP	W. PALM BEACH FL 33411	
TITLE	S	<input type="checkbox"/> Delete
NAME	GROSSMAN, LEON	
STREET ADDRESS	142 LAKE ANNE	
CITY ST ZIP	WEST PALM BEACH FL 33441	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAM E	
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAM E	
STREET ADDRESS		
CITY ST ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lois ARANCIA	
STREET ADDRESS	404 LAKE CAROL	
CITY ST ZIP	W. P. B. FL 33411	
TITLE	SAM E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

1/19/07
DATE

561-687-8952
561-687-8952
DAYTIME PHONE #