

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90166 015 \*\*\*\*\*61.25

**DOCUMENT # 763891**

1. Entity Name

**LAKE WORTH VILLAGE COMMUNITY CLUB, INC.**



Principal Place of Business

**5160 LAKE WORTH ROAD  
LAKE WORTH FL 33463**

Mailing Address

**5160 LAKE WORTH ROAD  
LAKE WORTH FL 33463**

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 **59-2241152**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



## 6. Name and Address of Current Registered Agent

**ACCUSE, CATHY  
4691 JILL PLACE  
LAKE WORTH FL 33463**

## 7. Name and Address of New Registered Agent

Name

**Jean Hopson**

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

**4303 Gretchen Place**

City

**Lake Worth**

**FL**

Zip Code

**33463**

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

**Jean Hopson**

**Jean Hopson**

**April 25, 2003**

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  
Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **KAUFMAN, WILLIAM**  
STREET ADDRESS **4280 DOROTHEA DRIVE**  
CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE **VP** ☐ Delete  
NAME **CORALLO, JOHN**  
STREET ADDRESS **55299 GINGER WAY**  
CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE **S** ☐ Delete  
NAME **FISH, BELVA**  
STREET ADDRESS **4348 CONRAD CIRCLE**  
CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE **T** ☐ Delete  
NAME **ACCURSO, CATHY**  
STREET ADDRESS **4691 JILL PLACE**  
CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE **D** ☐ Delete  
NAME **KONDRAS, MARIAN**  
STREET ADDRESS **5414 DOLORES DRIVE**  
CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE **D** ☐ Delete  
NAME **DOMENIC, DI MAMBRO**  
STREET ADDRESS **4546 MARKS WAY**  
CITY-ST-ZIP **LAKE WORTH FL 33463**

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition  
NAME **Frances Butler**  
STREET ADDRESS **4336 Edwina Lane**  
CITY-ST-ZIP **Lake Worth, FL 33463**

TITLE **VP** ☒ Change ☐ Addition  
NAME **Christine Ketchum**  
STREET ADDRESS **4437 Edwina Lane**  
CITY-ST-ZIP **Lake Worth, FL 33463**

TITLE **S** ☒ Change ☐ Addition  
NAME **Maria Brewer**  
STREET ADDRESS **4366 Minerva Dr.**  
CITY-ST-ZIP **Lake Worth, FL 33463**

TITLE **T** ☒ Change ☐ Addition  
NAME **Jean Hopson**  
STREET ADDRESS **4303 Gretchen Pl.**  
CITY-ST-ZIP **Lake Worth, FL 33463**

TITLE **D** ☒ Change ☐ Addition  
NAME **Roy Hutchinson**  
STREET ADDRESS **4438 Viola Dr.**  
CITY-ST-ZIP **Lake Worth, FL 33463**

TITLE **D** ☒ Change ☐ Addition  
NAME **Peter Immediato**  
STREET ADDRESS **4173 Conrad Circle**  
CITY-ST-ZIP **Lake Worth, FL 33463**

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:

**Frances Butler** **4-22-03**

CR2E037 (10/02)