

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770147

FILED  
Mar 02, 2012  
Secretary of State

**Entity Name:** PALM BEACH COUNTY SEMINOLE CLUB, INC.

**Current Principal Place of Business:**

P. O. BOX 14653  
N. PALM BEACH, FL 33408

**New Principal Place of Business:**

550 OKEECHOBEE BLVD  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

P. O. BOX 14653  
N. PALM BEACH, FL 33408

**New Mailing Address:**

**FEI Number:** 59-2315725      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CAPKO, WILLIAM G  
515 N FLAGLER DR  
SUITE 1500  
WEST PALM BEACH, FL 33401 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ADRIAN, CHAD  
Address: 550 OKEECHOBEE BLVD #1507  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VPD  
Name: WALDROP, STEPHANIE  
Address: 2804 SARENTO PLACE #201  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: SD  
Name: BRENT, BONNIE  
Address: 6206-1 RIVERWALK LANE  
City-St-Zip: JUPITER, FL 33458

Title: TD  
Name: KURTZ, PAUL  
Address: 7639 CEDAR HURST COURT  
City-St-Zip: LAKE WORTH, FL 33467

Title: D  
Name: LYON, DARYL  
Address: 12141 TUMBLEWEED COURT  
City-St-Zip: WELLINGTON, FL 33414

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PAUL KURTZ

TD

03/02/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date