

FILED
Sep 02, 2008 8:00 am
Secretary of State

09-02-2008 90030 001 ***61.25

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # 770760 1. Entity Name THE PRESIDENT COUNTRY CLUB, INC.					
Principal Place of Business 2300 PRESIDENTIAL WAY WEST PALM BEACH FL 33401			Mailing Address 2300 PRESIDENTIAL WAY WEST PALM BEACH FL 33401		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 59-2348388	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RICHARD, ZARETSKY P 1655 PALM BEACH LAKES BLVD SUITE 900 WEST PALM BEACH FL 33401				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 Richard Zaretsky 8/8/08 <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when registering.)</small>				DATE	
FILE NOW: FEE IS \$81.25 Due By September 3, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEINSTEIN, BERNARD 1900 CONSULATE PLACE #903 WEST PALM BEACH FL 33401	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Maethy List 2425 Embassy Drive West Palm Beach, FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ZARETSKY, RICHARD 2119 EMBASSY DRIVE WEST PALM BEACH FL 33401	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Dr. Peter Sherman 2019 Embassy Drive West Palm Beach, FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BENGTSON, ANDERS 2400 PRESIDENTIAL WAY #801 WEST PALM BEACH FL 33401	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Harvey Capp 2480 Presidential Way #301 West Palm Beach, FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FINESTONE, ARNOLD 2400 PRESIDENTIAL WAY #604 WEST PALM BEACH FL 33401	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Coimo Costa 2480 Tecumseh Drive West Palm Beach, FL 33409	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHAFTEL, BARBARA 2435 PRESIDENTIAL WAY WEST PALM BEACH FL 33401	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Donald Staller 2780 Tecumseh Drive West Palm Beach, FL 33409	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:			TREASURER P-7-08 (561) 686-4700		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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2nd MOORE CR2E037 (4/08)