

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90265 011 ***150.00

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1. Entity Name
ST. JAMES CLUB GP CORPORATION

Principal Place of Business
**250 S. AUSTRALIAN AVENUE, STE. 1003
WEST PALM BEACH, FL 33401**

Mailing Address
**250 S. AUSTRALIAN AVENUE, STE. 1003
WEST PALM BEACH, FL 33401**

2. Principal Place of Business - No P.O. Box #
1801 S. Australian Ave
Suite, Apt. #, etc.

3. Mailing Address
1801 S. Australian Ave
Suite, Apt. #, etc.



04142008 Chg-P CR2E034 (12/06)

City & State
West Palm Beach FL
Zip
33409 Country

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West Palm Beach FL
Zip
33409 Country

4. FEI Number
20-1202082 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

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 \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **SCHLESINGER, ADAM**
STREET ADDRESS **250 S. AUSTRALIAN AVENUE, STE. 1003**
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1801 S. Australian Ave**
CITY-ST-ZIP **West Palm Beach FL 33409**

TITLE ☐ Change ☐ Addition
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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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with all officers, with all other officers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #