

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L21050 (4)

1. Corporation Name

SILVER SLIPPER CLUB OF PALM BEACH, INC.



Principal Place of Business

Mailing Address

4514 SOUTH DIXIE HWY.  
WEST PALM BEACH FL 33405

4514 SOUTH DIXIE HWY.  
WEST PALM BEACH FL 33405

3. Date Incorporated or Qualified  
10/02/1989

3a. Date of Last Report  
03/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FORTNER, LLOYD B.  
230 ROYAL PALM WAY  
PALM BEACH FL 33480

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature type for principal officer, director, or agent and the applicable role

(NOTE: Registered Agent Signature required when translating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DV  
GEER, WILLIAM F.  
1433 ARABIAN RD.  
LAKE CLARKE SHORES FL

☐ DELETE

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DV  
WHITTEN, ROBERT  
1006 SOUTH M STREET  
LAKE WORTH FL

☒ DELETE

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

Mike Kestner  
314 North Lakeside Dr.  
Lake Worth, FL

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DT  
GEER, DEBORAH J.  
1433 ARABIAN RD.  
LAKE CLARKE SHORES FL

☐ DELETE

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DP  
GEER, BEVERLY  
1410 BETA COURT  
LAKE CLARKE SHORES FL

☐ DELETE

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DV  
HEAL, DAVID  
4468 FLOWS WAY  
LAKE WORTH FL

☒ DELETE

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

Anne Kestner  
314 North Lakeside Dr.  
Lake Worth, FL

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DS  
WHITTEN, BARBARA  
1006 SOUTH M STREET  
LAKE WORTH FL

☐ DELETE

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Deborah J. Geer

Treasurer

7-30-96

561-659-4371

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)