FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L57370** **(3)**

1. Corporation Name
GOLF & SPORTS CENTER OF THE PALM BEACHES, INC.

Principal Place of Business	Mailing Address
625 N FLAGLER DR 9TH FLOOR W PALM BCH, FL 33401 US	625 N FLAGLER DR 9TH FLOOR W PALM BCH, FL 33401 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/12/1990
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 5850 Belvedere Road
22 Suite, Apt. #, etc.
23 City & State: West Palm Beach FL
24 Zip: 33413 25 Country: Palm Beach

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

4. FEI Number: 65-0176165 ☐ Applied For ☐ Not Applicable

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

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

8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FITZGERALD, III, E COLE
625 N FLAGLER DRIVE
9TH FLOOR
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	Nolan, Patrick	☒ Change ☐ Addition
NAME	BROWN, DAVID	1.2 NAME		
STREET ADDRESS	5850 BELVEDERE RD	1.3 STREET ADDRESS	5850 Belvedere Road	
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	West Palm Beach FL 33413	
TITLE	DTV	2.1 TITLE		☐ Change ☐ Addition
NAME	NOLAN, PATRICK	2.2 NAME		
STREET ADDRESS	5850 BELVEDERE ROAD	2.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP		
TITLE	OVS	3.1 TITLE		☐ Change ☐ Addition
NAME	AXENFELD, GARY	3.2 NAME		
STREET ADDRESS	5850 BELVEDERE ROAD	3.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP		
TITLE	DS	4.1 TITLE		☐ Change ☐ Addition
NAME	AXENFELD, JUDITH	4.2 NAME		
STREET ADDRESS	5850 BELVEDERE ROAD	4.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL	4.4 CITY-ST-ZIP		
TITLE	DTS	5.1 TITLE		☐ Change ☐ Addition
NAME	NOLAN, CAROLE	5.2 NAME		
STREET ADDRESS	5850 BELVEDERE ROAD	5.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL	5.4 CITY-ST-ZIP		
TITLE	S	6.1 TITLE		☐ Change ☐ Addition
NAME	COLLIER, DONNA	6.2 NAME		
STREET ADDRESS	5850 BELVEDERE ROAD	6.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL	6.4 CITY-ST-ZIP		

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)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Donna Collier Donna Collier 3/1/95 (407) 689-3308
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0241661 CP