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**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90187 009 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N00004**

1. Corporation Name

**GREENVIEW COVE GOLF CLUB, INC.**

Principal Place of Business

2470 GREENVIEW COVE DRIVE  
WEST PALM BEACH FL 33414

Mailing Address

2470 GREENVIEW COVE DRIVE  
WEST PALM BEACH FL 33414



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

11/22/1983

4. FEI Number

59-2430482

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

9. Name and Address of Current Registered Agent

HEIDLER LADWIG, PATTI  
1645 PALM BEACH LAKES BLVD.  
SUITE 640  
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

RAUCH, STEPHEN

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

4362 NORTHLAKE BLVD.

83

SUITE 202

84 City

PALM BEACH GARDENS FL

85 Zip Code

33410

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD ☐ DELETE

NAME RAUCH, STEPHEN  
STREET ADDRESS 12188-6 SAGHARBOUR CT.  
CITY-ST-ZIP WELLINGTON FL 33414

TITLE TD ☐ DELETE

NAME CHITOFF, STANLEY  
STREET ADDRESS 15220 CEDAR BLUFF PL  
CITY-ST-ZIP WELLINGTON FL 33414

TITLE PD ☐ DELETE

NAME DETHLEFS, ROBERT  
STREET ADDRESS 1707 DORCHESTER PLACE  
CITY-ST-ZIP WELLINGTON FL 33414

TITLE VPD ☒ DELETE

NAME KAPLAN, PAUL  
STREET ADDRESS 14004 GREENTREE TR  
CITY-ST-ZIP WELLINGTON FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS SCHWARTZ, BERNARD

4.4 CITY-ST-ZIP 11861 DONLIN DRIVE

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

2/3/99 561 798-5588

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)