

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000381

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: PALM BAY CLUB HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5752 VINTAGE OAKS CIR  
DELRAY BEACH, FL 33484

**New Principal Place of Business:**

**Current Mailing Address:**

21045 COMMERCIAL TRAIL  
BOCA RATON, FL 33486 US

**New Mailing Address:**

FEI Number: 65-1147940

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ISAACSON, WILLIAM K  
C/O LANG MGMT  
21045 COMMERCIAL TRAIL  
BOCA RATON, FL 33486 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SUTTIN, EUGENE N  
Address: 5752 VINTAGE OAKS CIR  
City-St-Zip: DELRAY BEACH, FL 33484

Title: D ( ) Delete  
Name: ROMANOWSKI, STEVEN  
Address: 5752 VINTAGE OAKS CIR  
City-St-Zip: DELRAY BEACH, FL 33484

Title: D ( ) Delete  
Name: WEITZ, KENNETH  
Address: 5752 VINTAGE OAKS CIR  
City-St-Zip: DELRAY BEACH, FL 33484

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: SOMMERS, BERNARD  
Address: 108-D PALM BAY CLUB DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33418

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: WEITZ, KENNETH  
Address: 5752 VINTAGE OAKS CIR  
City-St-Zip: DELRAY BEACH, FL 33484 US

Title: D ( ) Change (X) Addition  
Name: LOHMEIER, SIMON  
Address: 113-D PALM BAY CLUB  
City-St-Zip: WEST PALM BEACH, FL 33418 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANE JUDD, OFFICE MANAGER

OF

04/29/2005

Electronic Signature of Signing Officer or Director

Date