


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED** *Admin Due*  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N03000005835</b> 1. Entity Name WYCLIFFE COUNTRY CLUB AD HOC, INC.	
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<b>Principal Place of Business</b> 4650 WYCLIFFE COUNTRY CLUB BLVD. LAKE WORTH, FL 33467	<b>Mailing Address</b> 4650 WYCLIFFE COUNTRY CLUB BLVD. LAKE WORTH, FL 33467
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01052005 No Chg-NP CR2E037 (10/03)

4. FEI Number 20-0108593	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

GERSON, GARY N  
1645 PALM BEACH LAKES BLVD., SUITE 1200  
WEST PALM BEACH, FL 33401

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAGLER, LEE 4650 WYCLIFFE COUNTRY CLUB BLVD. LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISH, MICHAEL 4650 WYCLIFFE COUNTRY CLUB BLVD. LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAINTER, BILL 4650 WYCLIFFE COUNTRY CLUB BLVD. LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABRAMOWITZ, RICK 4650 WYCLIFFE COUNTRY CLUB BLVD. LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NASS, BOB 4650 WYCLIFFE COUNTRY CLUB BLVD. LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UN00000328933  
04/25/05-80096-025 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: R. Abramowitz Treasurer 5/15/05 561-432-4224  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #