

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006272

FILED
Apr 26, 2005
Secretary of State

Entity Name: PALM BEACH COUNTRY CLUB FOUNDATION, INC.

Current Principal Place of Business:

760 N. OCEAN BLVD.
PALM BCH, FL 33480

New Principal Place of Business:

Current Mailing Address:

760 N. OCEAN BLVD.
PALM BCH, FL 33480

New Mailing Address:

FEI Number: 20-1330372

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KOCHMAN, RONALD S ESQ.
222 LAKEVIEW AVE., SUITE 950
W. PALM BCH, FL 33401 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: () Delete
Name:
Address:
City-St-Zip:

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

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Change (X) Addition
Name: MACK, DAVID S
Address: 958 NORTH LAKE WAY
City-St-Zip: PALM BEACH, FL 33480

Title: VPD () Change (X) Addition
Name: MONTGOMERY, ROBERT
Address: 1800 SOUTH OCEAN BLVD
City-St-Zip: PALM BEACH, FL 33480

Title: SD () Change (X) Addition
Name: FINE, MILTON
Address: TWO NORTH BREAKERS ROW, #N-21
City-St-Zip: PALM BEACH, FL 33480

Title: TD () Change (X) Addition
Name: EICHNER, IRA
Address: 301 POLMER PARK
City-St-Zip: PALM BEACH, FL 33480

Title: D () Change (X) Addition
Name: BERNON, PETER
Address: ONE NORTH BREAKERS ROW, #413
City-St-Zip: PALM BEACH, FL 33480

Title: D () Change (X) Addition
Name: CURTIS, ALAN
Address: 720 SOUTH OCEAN BLVD
City-St-Zip: PALM BEACH, FL 33480

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: IRA EICHNER

TD

04/26/2005

Electronic Signature of Signing Officer or Director

Date