2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State
01-31-2007 90040 020 ****70.00

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1. Entity Name
PALM BEACH COUNTRY CLUB FOUNDATION, INC.

Principal Place of Business	Mailing Address
760 N. OCEAN BLVD. PALM BCH, FL 33480	760 N. OCEAN BLVD. PALM BCH, FL 33480

01262007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-1330372 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KOCHMAN, RONALD S ESQ. 222 LAKEVIEW AVE., SUITE 950 W. PALM BCH, FL 33401	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MACK, DAVID S 958 NORTH LAKE WAY PALM BEACH, FL 33480	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Mack, David S. 958 North Lake Way Palm Beach, FL 33480	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MONTGOMERY, ROBERT 1800 SOUTH OCEAN BLVD PALM BEACH, FL 33480	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD STEIN, MICHAEL 227 Via Tortuga Palm Beach, FL 33480	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FINE, MILTON TWO NORTH BREAKERS ROW, #N-21 PALM BEACH, FL 33480	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD EICHNER, IRA 301 POLMER PARK PALM BEACH, FL 33480	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Eichner, IRA 301 Polmer Park Palm Beach, FL 33480	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BERNON, PETER ONE NORTH BREAKERS ROW, #413 PALM BEACH, FL 33480	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CURTIS, ALAN 720 SOUTH OCEAN BLVD PALM BEACH, FL 33480	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Curtis, Alan 720 South Ocean Blvd. Palm Beach, FL 33480	☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: A/h Curtis 1/26/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #