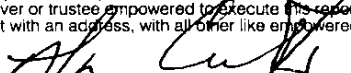


FILED
Jan 31, 2007 8:00 am
Secretary of State

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DOCUMENT # N04000006272						Secretary of State 01-31-2007 90040 020 ***70.00	
1. Entity Name PALM BEACH COUNTRY CLUB FOUNDATION, INC.							
Principal Place of Business 760 N. OCEAN BLVD. PALM BCH, FL 33480		Mailing Address 760 N. OCEAN BLVD. PALM BCH, FL 33480				40000177	
2. Principal Place of Business - No P.O. Box #				3. Mailing Address		01262007 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 20-1330372		Applied For Not Applicable	
Zip	Country	Zip	Country	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: 				Date: 1/26/07			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #			