


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90363 038 ****61.25

| | |
|---|---|
| DOCUMENT # N05000010840 |  |
| 1. Entity Name PRESTIGE CLUB OF THE PALM BEACHES, INC. | |

| | |
|---|---|
| Principal Place of Business 334 NORTHEAST 1ST AVENUE DELRAY BEACH, FL 33444 | Mailing Address 334 NORTHEAST 1ST AVENUE DELRAY BEACH, FL 33444 |
|---|---|

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

03282006 Chg-NP CR2E037 (11/05)

4. FEI Number **42-1680349** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

| | |
|---|--|
| 6. Name and Address of Current Registered Agent | |
| FORMAN, THEODORE ESQ. 334 NORTHEAST 1ST AVENUE DELRAY BEACH, FL 33444 | |

| | |
|--|----------|
| 7. Name and Address of New Registered Agent | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

| | | |
|---|--|--|
| Filing Fee is \$61.25 Due by May 1, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
|---|--|--|

| 10. OFFICERS AND DIRECTORS | |
|----------------------------|-------------------------------------|
| TITLE | D <input type="checkbox"/> Delete |
| NAME | DEVINE, GINA M |
| STREET ADDRESS | 2300 NORTHWEST 48TH STREET |
| CITY-ST-ZIP | COCONUT CREEK, FL |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | DOWD, DAN |
| STREET ADDRESS | 1515 NORTH FEDERAL HIGHWAY |
| CITY-ST-ZIP | BOCA RATON, FL |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | FORMAN, THEODORE |
| STREET ADDRESS | 334 NORTHEAST 1ST AVENUE |
| CITY-ST-ZIP | DELRAY BEACH, FL |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | GREENBERGER, STEPHEN |
| STREET ADDRESS | 2450 HOLLYWOOD BOULEVARD, SUITE 105 |
| CITY-ST-ZIP | HOLLYWOOD, FL |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | RANDOLPH, ANGELA |
| STREET ADDRESS | 1191 NORTH FEDERAL HIGHWAY |
| CITY-ST-ZIP | DELRAY BEACH, FL |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | SMITH, SEABRON |
| STREET ADDRESS | 33 SOUTHEAST 1ST AVENUE |
| CITY-ST-ZIP | DELRAY BEACH, FL |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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: *Theodore Forman* **3/28/06. (561) 266-9998**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #