

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90060 012 ****61.25

DOCUMENT # N06000008819

1. Entity Name

FOUR SEASONS CLUB OF PALM GREENS INC.



Principal Place of Business

Mailing Address

5801 VIA DELRAY
DELRAY BEACH FL 33484

5801 VIA DELRAY
DELRAY BEACH FL 33484



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

1st MOORE

CR2E037 (10/06)

4. FEI Number

43-2071909

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

GOODMAN, MARTIN
13616A COCONUT PALM CT.
DELRAY BEACH FL 33484

Name

JOYCE OATKIN

Street Address (P.O. Box Number is Not Acceptable)

5620 SPINDLE PALM COURT APT D

City

DELRAY BEACH

FL

Zip Code

33484

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

Joyce Oatkin

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating.)

2/8/07

**FILE NOW: 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 DP ☐ Delete
NAME ROSEN, HARRIET
STREET ADDRESS 5675A QUEEN PALM CT.
CITY ST ZIP DELRAY BEACH FL 33484

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE DP ☒ Delete
NAME OATKIN, JOYCE
STREET ADDRESS 5620D SPINDLE PALM CT.
CITY ST ZIP DELRAY BEACH FL 33484

TITLE DP ☒ Change ☐ Addition
NAME ELEANOR HOROWITZ
STREET ADDRESS 13936 B VIA FLORA
CITY ST ZIP DELRAY BEACH FL 33484

TITLE VP ☒ Delete
NAME GOODMAN, DORIS
STREET ADDRESS 13616A COCONUT PALM CT.
CITY ST ZIP DELRAY BEACH FL 33484

TITLE VP ☒ Change ☐ Addition
NAME LINDA STREICHLER
STREET ADDRESS 13771A VIA AURORA
CITY ST ZIP DELRAY BEACH FL 33484

TITLE V ☐ Delete
NAME SCHLEIDER, SAM
STREET ADDRESS 13620C VIA FLORA
CITY ST ZIP DELRAY BEACH FL 33484

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE T ☒ Delete
NAME GOODMAN, MARTIN
STREET ADDRESS 13616A COCONUT PALM CT.
CITY ST ZIP DELRAY BEACH FL 33484

TITLE T ☒ Change ☐ Addition
NAME JOYCE OATKIN
STREET ADDRESS 5620D SPINDLE PALM COURT
CITY ST ZIP DELRAY BEACH FL 33484

TITLE S ☐ Delete
NAME BRATH, ROBERTA
STREET ADDRESS 5710D PRINCESS PALM CT.
CITY ST ZIP DELRAY BEACH FL 33484

TITLE ☐ Change ☐ 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 Section 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:

Harriet Rosen

2-08-07 561 637-