## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000008819

FILED Feb 02, 2009 Secretary of State

Entity Name: FOUR SEASONS CLUB OF PALM GREENS INC.

**Current Principal Place of Business: New Principal Place of Business:** 5801 VIA DELRAY DELRAY BEACH, FL 33484 **Current Mailing Address: New Mailing Address:** 5801 VIA DELRAY DELRAY BEACH, FL 33484 FEI Number: 43-2071909 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: OATKIN, JOYCE 5620 SPÍNDLE PALM CT. APT. D DELRAY BEACH, FL 33484 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DP (X) Change ( ) Addition () Delete ROSEN, HARRIET HOROWITZ, ELEANOR Name: Name: 5675A QUEEN PALM CT. Address: 13936 B VIA FLORA Address: City-St-Zip: DELRAY BEACH, FL 33484 City-St-Zip: DELRAY BEACH, FL 33484 Title: () Delete Title: (X) Change ( ) Addition HOROWITZ, ELEANOR Name: LEVY, SANDRA Name: Address: 13936 B VIA FLORA Address: 5590 A VIA DELRAY City-St-Zip: DELRAY BEACH, FL 33484 City-St-Zip: DELRAY BEACH, FL 33484 Title: () Delete Title: (X) Change ( ) Addition STREICHLER, LINDA OATKIN, JOYCE Name: Name: Address: 13771 A VIA AURORA Address: 5620 D SPINDLE PALM CT City-St-Zip: DELRAY BEACH, FL 33484 City-St-Zip: DELRAY BEACH, FL 33484 ( ) Delete (X) Change ( ) Addition Title: Title: SCHLEIDER, SAM Name: Name: BRATH, ROBERTA 5710 D PRINCESS PALM CT Address: 13620C VIA FLORA Address: City-St-Zip: DELRAY BEACH, FL 33484 City-St-Zip: DELRAY BEACH, FL 33484 Title: (X) Delete Title: () Change () Addition OATKIN, JOYCE Name: Name: 5620 D SPINDLE PALM CT. Address: Address: City-St-Zip: DELRAY BEACH, FL 33484 City-St-Zip: Title: (X) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: JOYCE OATKIN T 02/02/2009

BRATH, ROBERTA

5710D PRINCESS PALM CT.

DELRAY BEACH, FL 33484

Name:

Address:

City-St-Zip: