

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N06078 (2)

1. Corporation Name

THE SOUTH PALM BEACH COUNTY WOMEN'S EXECUTIVE CLUB, INC.



Principal Place of Business

P.O. BOX 372  
BOCA RATON FL 33429  
US

Mailing Address

P.O. BOX 372  
BOCA RATON FL 33429  
US

3. Date Incorporated or Qualified  
11/08/1984

3a. Date of Last Report  
04/26/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

4. FEI Number  
59-2583735

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WAYT, JUDITH A  
3429 COCOPLUM CIRCLE  
COCONUT CREEK FL 33063

81 Name

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

2300 Glades Rd, Suite 155W

83

84 City

Boca Raton

FL

85 Zip Code

33431

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME HEINLY, JEAN N  
STREET ADDRESS 2905 SALERNO WAY  
CITY-ST-ZIP DELRAY BEACH FL ☐ DELETE

TITLE DV  
NAME BROTMAN, SUSAN J.  
STREET ADDRESS 2424 N. FED. HWY., STE 314  
CITY-ST-ZIP BOCA RATON FL ☐ DELETE

TITLE DT  
NAME FRIEDMAN, ILENE  
STREET ADDRESS 741 ST. ALBANS DR.  
CITY-ST-ZIP BOCA RATON FL ☐ DELETE

TITLE DP  
NAME WAYT, JUDITH A  
STREET ADDRESS 3429 COCOPLUM CIRCLE  
CITY-ST-ZIP COCONUT CREEK FL ☐ DELETE

TITLE SD  
NAME WEAVER, MARIBETH  
STREET ADDRESS 4069 PALM FOREST DRIVE NORTH  
CITY-ST-ZIP DELRAY BEACH FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS 2300 Glades Rd, Suite 155W  
4.4 CITY-ST-ZIP Boca Raton, FL 33431

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Judith A. Wayt*

Judith A. Wayt

4/22/96

(407)368-0122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)