NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90082 033 ****61.25

DOCUMENT # N06078

1. Corporation Name

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

Principal Place of Business
P.O. BOX 372
BOCA RATON FL 33429
HO

Mailing Address

p.o. Box 372 Boca Raton Fl 33429 US	P.O. BOX 372 BOCA RATON FL 33429 US		
		•	

2 Principal P	lace of Business	2a. Mailing Address		3. Date Incorporated or Qualifed	
<u> </u>	lace of Business	26		11/08/1984	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.	······································	4. FEI Number	Applied For
22	.,	27		59-2583735	Not Applicable
City & Sta	le	City & State		5. Certifcate of Status Desired	\$8.75 Additional
23		28		5. Certificate of Status Desired	Fee Required
Zip	Country	Zip	Country	6. Election Campaign Financing	\$5.00 May Be
24	25	29 30	0	Trust Fund Contribution	Added to Fees
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Register	ed Agent
			81 Name by	MARIANA B SMIT	74
BROTMAI	NESUSAN MARIAWA	B. SMITH OCEAN BLOD.	82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
	EDERAL HWY 161 116	MEAN BLOD.	151	No. Dolor Blad	•
	101 100.	CLEAD TO	83	rea Ration Il.	,
BOCA RA	TON FL 33431 BOCA DA	TON . FL. 3343.	84 City		85 Zip Code
					FL 85 29 Code 32
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statutes	, the above-named corp	poration submits this statement for the purpose on's board of directors. I hereby accept the ap	e of changing its registered
office of agent. I a	registered agent, or both, in the State am familiar with, and accept the obliga	tions of, Section 617.0503, Florid	a Statutes.	or a board or an octorer. This recy in the op-	/ /
SIGNATURE	mariana B.	Smits			30/99
	Signature, typed or printed name of registered ager		egistered Agent signature require	ad when reinstating) ADDITIONS/CHANGES TO OFFICERS	AND DIDECTORS IN 12
12.		D DIRECTORS	13.	1	Change Addition
TITLE	DV Ko	☐ DELETE	1.1 TITLE	resident	Change Linearion
NAME	KICH, SYBILLA		1.2 NAME	OCH, SYBILLA	
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP		Change Addition
TITLE	DP	A □ DELETE	2.1 TITLE		Actualities - Accuracy
NAME	BROTMAN, SUSAN J.		2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS	•	- ,
CITY-ST-ZIP	BOCA RATON FL	Dor. STE	2.4 CITY-ST-ZIP		Change Addition
TITLE	0	☐ DELETE	3.1 TITLE		Mountaine Changing
NAME	WORKMAN, ILENE		3.2 NAME		
STREET ADDRESS	,		3.3 STREET ADDRESS		
C/TY-ST-Z/P	BOCA-RATON FL	t de cer	3.4. CITY-ST-ZIP		Change Addition
TITLE	DS	DELETE	4.1 TITLE		Clouds C Voggo
NAME	GRELLER, PAULA	. •	4. 2 NAME		
STREET ADDRESS	1 000 11 000 12 000 11 11 11		4.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BCH FL 33441	CT DELETE	4.4 CITY-ST-ZIP	O CONT	Change
TITLE	DT	☐ DELETE	5.1 TITLE	ALL WESTER	★ Cualida □ Vocation
NAME	KNEISER, SALLY		5.2 NAME 5.3 STREET ADDRESS	OOD N. FORMER 1410.	
STREET ADDRESS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1	Box Roll 35 352	
CCD/ CT 7/0	DOCA DATON EL 2242) <u>.</u>	5.4 CITY-ST-ZIP	Bok Rato . H 35432.	,

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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, with all other like empowered. CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

TREASURER

SIGNATURE:

TITLE

NAME

STREET ADDRESS

SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

Addition

Change