

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06078

FILED
Feb 24, 2009
Secretary of State

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

Current Principal Place of Business:

5621-C COACH HOUSE CIRCLE
BOCA RATON, FL 33486 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 372
BOCA RATON, FL 33429 US

New Mailing Address:

FEI Number: 59-2583735

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KATZ, EILEEN B
8555 EAGLE RUN DRIVE
BOCA RATON, FL 33434 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: CSUTOROS, DANA LEE
Address: 5621-C COACH HOUSE CIRCLE
City-St-Zip: BOCA RATON, FL 33486

Title: SEC () Delete
Name: WILLIAMS, PATRICIA
Address: 7280 W PALMETTO PARK ROAD
City-St-Zip: BOCA RATON, FL 33433

Title: TREA () Delete
Name: RUBY, JENNIFER
Address: 4361 CARAMBOLA CIRCLE NORTH
City-St-Zip: COCONUT CREEK, FL 33066

Title: VP () Delete
Name: ROEGGE, ELAINE
Address: 1014 BAY STREET
City-St-Zip: DELRAY BEACH, FL 33483

Title: PPD () Delete
Name: KATZ, EILEEN B
Address: 8555 EAGLE RUN DRIVE
City-St-Zip: BOCA RATON, FL 33434

Title: VP (X) Delete
Name: BRUBAKER, DEB
Address: 409 SE MIZNER BLVD
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: JENNIFER RUBY

TRES

02/24/2009

Electronic Signature of Signing Officer or Director

Date