

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09088

FILED
Apr 03, 2009
Secretary of State

Entity Name: THE FALLS COUNTRY CLUB, INC.

Current Principal Place of Business:

6455 JOG ROAD
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

6455 JOG ROAD
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: 59-2537260 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HAWKINS, LYNN G
515 NORTH FLAGLER DRIVE, STE 900
WEST PALM BEACH, FL 33402 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: SD () Delete
Name: MURPHY, WILLIAM
Address: 3170 S. OCEAN BLVD
City-St-Zip: PALM BEACH, FL 33480

Title: PD () Delete
Name: LEVINE, EDWIN
Address: 1417 LANDS END RD.
City-St-Zip: LAKE WORTH, FL 33462

Title: VD () Delete
Name: BERMAN, ROBERT
Address: 1N BREMERS ROW APT 224
City-St-Zip: PALM BEACH, FL 33480

Title: VD () Delete
Name: FINEBERG, GERALD
Address: 3100 S. OCEAN BLVD #506N
City-St-Zip: PALM BEACH, FL 33480

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: MURPHY, WILLIAM
Address: 3170 S. OCEAN BLVD #206S
City-St-Zip: PALM BEACH, FL 33480

Title: PD (X) Change () Addition
Name: LEVINE, EDWIN
Address: 3000 S. OCEAN BLVD. #404N
City-St-Zip: PALM BEACH, FL 33480

Title: VD (X) Change () Addition
Name: BERMAN, ROBERT
Address: 1 NORTH BREAKERS ROW APT. 224
City-St-Zip: PALM BEACH, FL 33480

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

Title: TD () Change (X) Addition
Name: SLOAN, LEONARD
Address: 4201 N. OCEAN BLVD. #906C
City-St-Zip: BOCA RATON, FL 33431

Title: D () Change (X) Addition
Name: COHEN, MICHAEL
Address: 101 PLAZA REAL SOUTH, APT. 915
City-St-Zip: BOCA RATON, FL 33432

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: EDWIN LEVINE

PRES

04/03/2009

Electronic Signature of Signing Officer or Director

Date