FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N16248 (9)

1. Corporation Name
TRIATHLON CLUB OF THE PALM BEACHES, INC.

Principal Place of Business	Mailing Address
P O BOX 16631 WEST PALM BEACH FL 33406	P O BOX 16631 WEST PALM BEACH FL 33406

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/07/1986
3a. Date of Last Report: 02/03/1994
4. FEI Number: 59-2721550 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
21	26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

WHITE, CHARLES R.L.
535 EAST INDIANTOWN ROAD
JUPITER FL 33477

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	T	☐ Change ☒ Addition
NAME	FERREIRA, BARBARA	1.2 NAME	Gunn, Christopher S	
STREET ADDRESS	624 10TH AVE N.	1.3 STREET ADDRESS	50 Woodland Dr	
CITY-ST-ZIP	LAKE WORTH FL	1.4 CITY-ST-ZIP	Tequesta, FL 33469	
TITLE	SD	2.1 TITLE	D	☒ Change ☐ Addition
NAME	HOWLAND, RAYMOND	2.2 NAME	Howland, Raymond	
STREET ADDRESS	105 PARADISE HARBOUR	2.3 STREET ADDRESS	105 Paradise Harbour	
CITY-ST-ZIP	N PALM BEACH FL	2.4 CITY-ST-ZIP	N. Palm Beach, Fl 33408	
TITLE	VP	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	BRIAN, PERONI	3.2 NAME	C. Timothy Mahoney	
STREET ADDRESS	6234 ROCKING HORSE DR	3.3 STREET ADDRESS	1727 - 22nd Ave N.	
CITY-ST-ZIP	JUPITER FL	3.4 CITY-ST-ZIP	Lake Worth, Fl 33460	
TITLE	PD	4.1 TITLE	D	☐ Change ☐ Addition
NAME	PAWLEY, JOYCE	4.2 NAME	Pawley, Joyce	
STREET ADDRESS	4223 N LANDAR DR	4.3 STREET ADDRESS	4223 N. Landar Dr	
CITY-ST-ZIP	LAKE WORTH FL	4.4 CITY-ST-ZIP	Lake Worth FL	
TITLE	P	5.1 TITLE	PD	☐ Change ☐ Addition
NAME	WISNOSKI, LEE	5.2 NAME	Wisnoski, Lee	
STREET ADDRESS	2791 MOORING CT	5.3 STREET ADDRESS	2791 mooring Ct	
CITY-ST-ZIP	LANTANA FL	5.4 CITY-ST-ZIP	Lantana, FL	
TITLE	D	6.1 TITLE	D	☐ Change ☒ Addition
NAME	GOLDBERG, BRUCE	6.2 NAME	Gunn, Ann-Marie T	
STREET ADDRESS	2815 SE 5TH CIR	6.3 STREET ADDRESS	50 Woodland Dr	
CITY-ST-ZIP	BOYNTON BEACH FL	6.4 CITY-ST-ZIP	Tequesta, FL 33469	

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)(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.

SIGNATURE: Christopher S Gunn 4/25/95 (407)747-1215
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #