FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

COF ANNU	CORPORATION ANNUAL REPORT 1998 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		Mortham of State	Jan 29 1998 8:00am Secretary of State
DOCUI	MENT # N1782	1 (2)		
OLD M	IARSH GOLF CLUB, INC.			
Principal Place of Business Mailing Address				
7500 OLD MARSH ROAD 7500 OLD MARSH ROAD				3. Date Incorporated or Qualified
PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418			33418	11/18/1986 4. FEI Number Applied For
				4. FEI Number Applied For S9-2746012 Not Applicable
Principal Place of Business 2a. Mailing Address				5. Certificate of Status Desired S8.75 Additional
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.			Fee Required	
22	n, oto.	27		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State	9	City & State	<u> </u>	7. Is this nonprofit corporation a homeowners association?
23	Country	28	Country	8. This corporation owes or has paid the current year Intangible
24	25	29 30	ol	Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name				
IN OUT AND TOLL I				Control of the Assessment
625 N FLAGLER DR			82 Street Add	dress (P.O. Box Number is Not Acceptable)
9TH FLOOR			83	
WEST PALM BEACH FL 33401			84 City	FL 85 Zip Code
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				
12.	Signature, typed or printed name of registered agen OFFICERS AND		egistered Agent signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DELPIT, LARRY D.		1.2 NAME	
STREET ADDRESS	7618 OLD MARSH RD		1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS FL D	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	Change Addition
NAME	DICK, ROBBIE	believe	2.2 NAME	, stange in Addition
STREET ADDRESS	7618 OLD MARSH RD		2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS FL		2. 4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	Change Addition
NAME	DELPIT, LARRY J		3.2 NAME	
STREET ADDRESS	7618 OLD MARSH RD		3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS FL		3.4. CITY-ST-ZIP	ALIVE-
TITLE	S NAPTIN CDAIG	☐ DELETE	4.1 TITLE	Change Addition
NAME STREET ADDRESS	MARTIN, CRAIG 202 COLONY WAY		4. 2 NAME 4.3 STREET ADDRESS	
	JUPITER FL		4.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	C	DELETE	5.1 TITLE	Change Addition
NAME	ELLIS, SHARON	_	5.2 NAME	
STREET ADDRESS	3 PALM ROAD		5.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL		5.4 CITY-ST-ZIP	

CITY-ST-ZIP 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,

6.3 STREET ADDRESS

6.1 TITLE 6.2 NAME

DELETE

SIGNATURE:

TITLE

NAME STREET ADDRESS

☐ Change

FILED