

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90038 007 \*\*\*\*61.25

**DOCUMENT # N18736**

1. Entity Name

PALM BEACH COUNTY 10-13 CLUB, INC.



Principal Place of Business

P.O. BOX 1511  
BOYNTON BEACH FL 33435  
US

Mailing Address

P.O. BOX 1511  
BOYNTON BEACH FL 33435  
US

**20009244**



1st MOORE CR2E037 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0026394

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROTHSCHILD, THEODORE  
650 SNUG HARBOR DR. G-402  
BOYNTON BEACH FL 33435

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ROTHSCHILD, THEODORE	
STREET ADDRESS	650 SNUG HARBOR DR G 402	
CITY - ST - ZIP	BOYNTON BEACH FL 33435	
TITLE	V	<input type="checkbox"/> Delete
NAME	DIFIGLIA, DOMINICK	
STREET ADDRESS	4611 VESPASIAN COURT	
CITY - ST - ZIP	LAKE WORTH FL 33463	
TITLE	S	<input type="checkbox"/> Delete
NAME	JONES, LAWERENCE	
STREET ADDRESS	15445 MEDOWOOD DRIVE	
CITY - ST - ZIP	WELLINGTON FL 33414	
TITLE	T	<input type="checkbox"/> Delete
NAME	FINNIN, EUGENE	
STREET ADDRESS	621 E. WOOLBRIGHT RD.	
CITY - ST - ZIP	BOYNTON BEACH FL 33435	
TITLE	D	<input type="checkbox"/> Delete
NAME	RALPH, WILLIAM J	
STREET ADDRESS	400 N. FEDERAL HWY #611	
CITY - ST - ZIP	DEERFIELD BEACH FL 33441	
TITLE	P	<input type="checkbox"/> Delete
NAME	ANDRADE, JAMES	
STREET ADDRESS	1314 SW 15TH ST	
CITY - ST - ZIP	BOYNTON BEACH FL 33426	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

*EUGENE FINNIN*  
*314 ASBURY WAY*  
*BOYNTON BEACH FL 33426*

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Eugene Finnin* **EUGENE FINNIN** *Treasurer* **(561) 737-1003**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *2/5/05* Date *561-737-1003* Telephone #