

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90376 008 \*\*\*\*61.25

**DOCUMENT # N19137**

1. Entity Name

VARIETY CLUB OF THE PALM BEACHES, INC.



Principal Place of Business

2875 S OCEAN BLVD  
SUITE 200 7  
PALM BEACH FL 33480  
US

Mailing Address

2875 S OCEAN BLVD  
SUITE 200 7  
PALM BEACH FL 33480  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-2806086

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NECTOW, HAROLD  
2870 OCEAN BLVD., #110  
PALM BEACH FL 33480

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, 2004**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME C SHAPIRO, IRVING ☐ Delete  
STREET ADDRESS 2425 PRESIDENTIAL WAY 1504  
CITY-ST-ZIP WEST PALM BEACH FL

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME D KUTZ, EDITH B ☐ Delete  
STREET ADDRESS 4561 OAKTREE CT  
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME D SHULMAN, ALVIN ☐ Delete  
STREET ADDRESS 17281 BRIDLEWAY TR.  
CITY-ST-ZIP BOCA RATON FL 33496

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME P NECTOW, HAROLD ☐ Delete  
STREET ADDRESS 2780 OCEAN BLVD., #110  
CITY-ST-ZIP PALM BEACH FL 33480

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME D WILLIAM, SANDLER ☐ Delete  
STREET ADDRESS 3100 S OCEAN BL #N402  
CITY-ST-ZIP PLM BCH FL 33480

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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: *Harold Nectow by TF HAROLD NECTOW*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-04 (561) 585-5561

Date

Daytime Phone #