

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N19137</b>	
1. Entity Name <b>VARIETY CLUB OF THE PALM BEACHES, INC.</b>	
Principal Place of Business <b>2875 S OCEAN BLVD SUITE 200 7 PALM BEACH, FL 33480 US</b>	Mailing Address <b>2875 S OCEAN BLVD SUITE 200 7 PALM BEACH, FL 33480 US</b>



01102005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2806086</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SHAPIRO, IRVING 2425 PRESIDENTIAL WAY 1504 WEST PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUTZ, EDITH B 4561 OAKTREE CT DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHULMAN, ALVIN 17281 BRIDLEWAY TR. BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NECTOW, HAROLD 2780 OCEAN BLVD., #110 PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAM, SANDLER 3100 S OCEAN BL #N402 PLM BCH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000286724  
04/04/05-80040-015 61.25

**DO NOT WRITE  
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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 TE HAROLD Nectow* **4-1-05** (561) 585-5561

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #