

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N23208 (4)

1. Corporation Name

FRENCHMAN'S CREEK COUNTRY CLUB, INC.



Principal Place of Business

**13495 TOURNAMENT DRIVE
PALM BEACH GARDENS FL 33410**

Mailing Address

**13495 TOURNAMENT DRIVE
PALM BEACH GARDENS FL 33410**

3. Date Incorporated or Qualified
10/28/1987

3a. Date of Last Report
02/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALEXANDER, LARRY B. ESQ
505 SOUTH FLAGLER DRIVE
SUITE 1100
WEST PALM BEACH FL 33401**

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **RICHARDS JOSEPH V**
STREET ADDRESS **13877 LEHAVRE DR**
CITY-STATE-ZIP **PALM BEACH GARDENS FL**

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

TITLE **VD** ☐ DELETE
NAME **HANDLER DAN**
STREET ADDRESS **3200 BURGUNDY DR NO**
CITY-STATE-ZIP **PALM BEACH GARDENS FL**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

TITLE **VP** ☒ DELETE
NAME **NITABACH ROBERT**
STREET ADDRESS **13101 MONET LANE**
CITY-STATE-ZIP **PALM BEACH GARDENS, FL**

31 TITLE **VP** ☐ Change ☒ Addition
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

TITLE **TD** ☐ DELETE
NAME **KOENIG ELLIOTT**
STREET ADDRESS **3350 ST MALO COURT**
CITY-STATE-ZIP **PALM BEACH GARDEN FL**

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

TITLE **SD** ☐ DELETE
NAME **LEAF IRIS**
STREET ADDRESS **3790 LIMOGES LANE**
CITY-STATE-ZIP **PALM BEACH GARDENS FL**

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

TITLE **TD** ☐ DELETE
NAME **COHEN MARTIN**
STREET ADDRESS **3731 TOULOUSE DR**
CITY-STATE-ZIP **PALM BEACH GARDENS FL**

61 TITLE **PD** ☒ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

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)(k), 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, on the attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)