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Mar 06 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 33410-12043. Date Incorporated or Qualified
10/28/19873a. Date of Last Report
02/07/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23

27

City & State

City & State

24

28

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALEXANDER, LARRY B. ESO
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	VP	<input checked="" type="checkbox"/> DELETE
NAME	JAYSON, KENNETH	
STREET ADDRESS	3163 MIRO DRIVE NORTH	
CITY - ST - ZIP	PALM BEACH GARDENS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HANDLER DAN	
STREET ADDRESS	3200 BURGUNDY DR NO	
CITY - ST - ZIP	PALM BEACH GARDENS FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	KOENIG ELLIOTT	
STREET ADDRESS	3350 ST MALO COURT	
CITY - ST - ZIP	PALM BEACH GARDEN FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	LEAF IRIS	
STREET ADDRESS	3790 LIMOGES LANE	
CITY - ST - ZIP	PALM BEACH GARDENS FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	COHEN MARTIN	
STREET ADDRESS	3731 TOULOUSE DR	
CITY - ST - ZIP	PALM BEACH GARDENS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MURPHY, GEORGE	
1.3 STREET ADDRESS	13839 LE MANS WAY	
1.4 CITY - ST - ZIP	PALM BEACH GARDENS, FL 33410	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HANDLER, DAN	
2.3 STREET ADDRESS	3200 BURGUNDY DR. NO.	
2.4 CITY - ST - ZIP	PALM BEACH GARDENS, FL 33410	
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MASTERS, RICHARD	
3.3 STREET ADDRESS	13378 DEAUVILLE DRIVE	
3.4 CITY - ST - ZIP	PALM BEACH GARDENS, FL 33410	
4.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MITCHELL, ALLAN	
4.3 STREET ADDRESS	13315 PROVENCE DRIVE	
4.4 CITY - ST - ZIP	PALM BEACH GARDENS, FL 33410	
5.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SISKIN, ROBERT	
5.3 STREET ADDRESS	13677 RIVOLI DRIVE	
5.4 CITY - ST - ZIP	PALM BEACH GARDENS, FL 33410	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEORGE MURPHY

Date

(561)-775-1469

Daytime Phone # 0040818

CP2E037 (9/96)