

FILE NOW: FILING FEE IS \$61.25

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Mar 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N23208** (4)

1. Corporation Name

**FRENCHMAN'S CREEK COUNTRY CLUB, INC.**



Principal Place of Business <b>13495 TOURNAMENT DRIVE PALM BEACH GARDENS FL 33410</b>	Mailing Address <b>13495 TOURNAMENT DRIVE PALM BEACH GARDENS FL 33410</b>
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3. Date Incorporated or Qualified <b>10/28/1987</b>	4. FEI Number <b>65-0023229</b>	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>ALEXANDER, LARRY B. ESO 505 SOUTH FLAGLER DRIVE SUITE 1100 WEST PALM BEACH FL 33401</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number Is Not Acceptable)	
83	
84 City	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	MURPHY, GEORGE	1.2 NAME	Jayson, Kenneth
STREET ADDRESS	13839 LE MANS WAY	1.3 STREET ADDRESS	3163 Miro Dr., N.
CITY-ST-ZIP	PALM BEACH GARDENS FL	1.4 CITY-ST-ZIP	Palm Beach Gdns, FL
TITLE	SD	2.1 TITLE	SD
NAME	HANDLER DAN	2.2 NAME	Moser, Stanley
STREET ADDRESS	3200 BURGUNDY DR NO	2.3 STREET ADDRESS	3120 Burgundy Dr., N.
CITY-ST-ZIP	PALM BEACH GARDENS FL	2.4 CITY-ST-ZIP	Palm Beach Gdns, FL
TITLE	VP	3.1 TITLE	TD
NAME	MASTERS, RICHARD	3.2 NAME	Howard, Melvin
STREET ADDRESS	13378 DEAUVILLE DR.	3.3 STREET ADDRESS	3139 Miro Dr., S.
CITY-ST-ZIP	PALM BEACH GARDEN FL	3.4 CITY-ST-ZIP	Palm Beach Gdns, FL
TITLE	VD	4.1 TITLE	VD
NAME	MITCHELL, ALLAN	4.2 NAME	Schwartz, Marikay
STREET ADDRESS	13315 PROVENCE DR.	4.3 STREET ADDRESS	13917 Le Havre Dr.,
CITY-ST-ZIP	PALM BEACH GARDENS FL	4.4 CITY-ST-ZIP	Palm Beach Gdns, FL
TITLE	TD	5.1 TITLE	VP
NAME	SISKIN, ROBERT	5.2 NAME	Siskin, Robert
STREET ADDRESS	13677 RIVOLI DR.	5.3 STREET ADDRESS	13677 Rivoli Dr.
CITY-ST-ZIP	PALM BEACH GARDENS FL	5.4 CITY-ST-ZIP	Palm Beach Gdns, FL
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: \_\_\_\_\_

CR2E037 (10/97)