

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90154 032 ****61.25

DOCUMENT # N23208

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**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

10/28/1987

4. FEI Number

65-0023229

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 ☐ DELETETITLE PD
NAME JAYSON, KENNETH
STREET ADDRESS 3163 MIRO DR N
CITY-STATE-ZIP PALM BEACH GARDENS FLTITLE SD
NAME MOSER, STANLEY
STREET ADDRESS 3120 BURGUNDY DR N
CITY-STATE-ZIP PALM BEACH GARDENS FLTITLE TD
NAME HOWARD, MELVIN
STREET ADDRESS 3139 MIRO DR S
CITY-STATE-ZIP PALM BEACH GARDEN FLTITLE VD
NAME SCHWARTZ, MARIKAY
STREET ADDRESS 13917 LE HAVRE DR
CITY-STATE-ZIP PALM BEACH GARDENS FLTITLE VP
NAME GISKIN, ROBERT
STREET ADDRESS 13677 RIVOLI DR
CITY-STATE-ZIP PALM BEACH GARDENS FLTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP2.1 TITLE SD
2.2 NAME Davidson, Blanche
2.3 STREET ADDRESS 3300 Monet Drive
2.4 CITY-STATE-ZIP Palm Beach Gardens, FL 334103.1 TITLE VD
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP5.1 TITLE TD
5.2 NAME Berman, Alan
5.3 STREET ADDRESS 3049 Chateau Drive
5.4 CITY-STATE-ZIP Palm Beach Gardens, FL 334106.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

0042045