## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

N24348

(7)

Mailing Address

THE CORNELL CLUB OF THE GOLD COAST INC.

| %LAWRENCE. BARBARA<br>1401 NE 9TH ST #3<br>FT LAUDERDALE FL 33304<br>US   |                         | %LAWRENCE. BARBARA<br>1401 NE 9TH ST #3<br>FT LAUDERDALE FL 33304-4410<br>US |                                | 3. Date Incorporated or Qualified 01/13/1988                                       | 3a. Date of Last Report 02/16/1996 |
|---|-------------------------|--|--------------------------------|--|------------------------------------|
| Principal Place of Business     1   |                         | 2a. Mailing Address  |                                | 4. FEI Number<br>65-0037866  | Applied For Not Applicable         |
| Suite Apt. #, etc   |                         | Suite, Apt. #, etc.  |                                | 5. Certificate of Status Desired   | \$8.75 Additional Fee Required     |
| City & State  |                         | City & State   |                                | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees |                                    |
| Zip<br><b>24</b>  | Country 25              | Zip <b>29</b>  | Country<br>30                  |  | Yes 🔀 No                           |
| 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name  |                         |  |                                |  | pistered Agent                     |
| 1 AVAZDENI  | OF BADDADA              |  |                                |  |                                    |
| LAWRENCE, BARBARA<br>1401 NE 9TH ST #3  |                         |  |                                | Address (P.O. Box Number is Not Acceptab   | le)                                |
| FT LAUDERDALE FL 33304  |                         |  | 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 4   | CARBARA LAUR            | ENESDAU  | Made During                    | Lactured when reinstalino)   | -14-97                             |
| 12.   | OFFICERS AND            |  | 13.                            | ADDITIONS/CHANGES TO OFFIC   | ERS AND DIRECTORS IN 12            |
| TITLE   | T                       | DELETE   | 1.1 TITLE                      |  | Change Addition                    |
| NAME  | LAWRENCE, BARBARA       |  | 1.2 NAME                       |  | :                                  |
| STREET ADDRESS  | 1401 NE 9TH, #3         |  | 1.3 STREET ADDRESS             |  |                                    |
| CITY-ST-7IP   | FT. LAUDERDALE FL       | DECETE   | 1.4 CITY - ST - ZIP            |  |                                    |
| TITLE   | PD<br>DEFED NAMEY       | DELETE   | 2.1 TITLE                      |  | Change Addition                    |
| NAME<br>OFFICE ADDRESS  | DREIER, NANCY           |  | 2.2 NAME                       |  |                                    |
| STREET ADDRESS  | 1292 TERRYSTONE CT      |  | 2.3 STREET ADDRESS             |  |                                    |
| C(1)Y+ST+ZIP<br>TITLE   | FT. LAUDERDALE FL<br>SD | DELETE   | 2.4 CITY - ST - ZIP            |  | Dharan Addition                    |
| NAME  | SEIBERT, JOHN           | [ DELETE   | 3.1 TITLE                      |  | Change Addition                    |
| STREET ADDRESS  | 2035 N.E. 31ST AVE.     |  | 3.2 NAME<br>3.3 STREET ADDRESS |  |                                    |
| CITY-ST-ZIP   | FT. LAUDERDALE FL       |  | 3.4. CITY-ST-ZIP               |  |                                    |
| TITLE   | VPD                     | DELETE   | 4.1 TITLE                      | 10111114   | Change Addition                    |
| NAME  | CLINTON, GERRY          |  | 4.2 NAME                       |  |                                    |
| STREET ADDRESS  | 892 SW 9TH ST CIR 12    |  | 4.3 STREET ADDRESS             |  |                                    |
| CITY - ST - ZIP   | BOCA RATON FL           |  | 4.4 CITY-ST-ZIP                |  |                                    |
| TITLE   | SD                      | DELETE   | 51 TITLE                       | -  | Change                             |
| NAME  | GANELES, JEFF           |  | 5.2 NAME                       | DELETE   | , -                                |
| STREET ADDRESS  | 327 PLAZA REAL STE 321  |  | 5.3 STREFT ADDRESS             | シレー  |                                    |
| CITY-ST-ZIP   | BOCA RATON FL           |  | 5.4 CITY-ST-ZIP                |  |                                    |
| TITLE   |                         | ☐ DELETE   | 6.1 TITLE                      | ~  | Change Addition                    |
| NAME  |                         |  | 6.2 NAME                       | 4  | ,                                  |
| STREET ADDRESS  |                         |  | 6.3 STREET ADDRESS             |  |                                    |
| CITY-ST-ZIP   | F 2                     |  | 6.4 CITY - ST - ZIP            |  |                                    |

4. 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** 

MRARA LAURENCE BULLING SELVER
SIGNATURE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Davine Phone \* 000500

**FILED** 

Jan 23 1997 8:00am

Secretary of State