## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N24478

(2)

1. Corporation	on Name	0 (2)		
	ter palm beaches busii 's club, inc.	NESS AND PROFESSION	NAL W	
Principal Plac	ce of Business	Mailing Address	-	THE PROPERTY AND THE PARTY CONTRACTOR OF THE PARTY CON
2136 CHAGALI WEST PALM B US		2136 CHAGALL CIR WEST PALM BCH FL 33407 US		3. Date Incorporated or Qualified  01/25/1988  4. FEI Number
				4. FEI Number Applied For Not Applicat
2. Principal F	Place of Business	2a. Mailing Address		- ¢0.75
21		26 P. O. Box O	78526	5. Certificate of Status Desired 58.75 Additional Fee Required
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution  Added to Fees
City & Stat	e	City & State 28 West Palm A	9-1 E/	7. Is this nonprofit corporation a homeowners association?
Zip	Country	Zip Zip	Country	Yes No
24	25	29 33407-0526	10 Palm B	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes No
	<ol><li>Name and Address of Currer</li></ol>	nt Registered Agent		10. Name and Address of New Registered Agent
			81 Name	<sup>e</sup> SAME
ROBERT 1537-39	'S, ARNEATHA J.			t Address (P.O. Box Number is Not Acceptable)
-	ALM BCH FL 33407		83	136 Chagall Cir
********	ALM BOTT L GOTOF		24 0	12 1 10g 1 - Co x1
			84 City	sest Palm Buy FL 85 Zip Code 33409
11. Pursuant office or a	to the provisions of Sections 617,050 egistered agent, or both, in the State	2 and 617.1508, Florida Statutes of Florida, Such change was au	, the above-named	d corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the oblig-	ations of, Section 617.0503, Flori	da Statutes.	rps attended of all octors. This bay accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable (NOTE)	Registered Agent signature	re required when reinstating) DATE
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	TD	✓ DELETE	1.1 TITLE	TREASURER Addition
NAME	MORRIS, CAROL		1.2 NAME	CONSTANCE ROBERTSON
STREET ADDRESS	1531 39TH STR		1.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL	I priere	1.4 CITY-ST-ZIP	PALM BCH. GARDENS, 33418
TITLE	PD	☐ DELETE	2.1 TALE	Change Addition
NAME STREET ADDRESS	ROBERTS, ARNEATHA 2136 CHAGALL CIR		2.2 NAME	
	WEST PALM BEACH FL		2.3 STREET ADDRESS	
CITY-ST-ZIP	PD	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	CEORGIA STEPHENS X Change Addition
NAME	TAYLOR, PRISCILLA		3.2 NAME	GEORGIA STEPHENS A Change Addition 106 E TIFFANY DR #4
STREET ADDRESS	1448 39TH STREET		3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL		3.4, CITY-ST-ZIP	Mezi
TITLE	PD	DELETE	4.1 TITLE	// P ☐ Change ★ Addition
NAME	STEPHENS, GEORGIA		4. 2 NAME	pilosta Culler
STREET ADDRESS	106 E TIFFANY DR #4		4.3 STREET ADDRESS	Albertha Culler 141 Elder Ct Paris Pells Pell 23411
CITY - ST - ZiP	W PALM BEACH FL		4.4 CITY-ST-ZIP	Royal Pélm Bch fl 33411
TITLE	PD	<b>∠</b> *6ELETE	5.1 TITLE	Change Additio
NAME	ANTHONY, HELEN		5.2 NAME	Mation Sessoms
STREET ADDRESS	2050 NO CONGRESS AVE		5.3 STREET ADDRESS	2332 au'z"
CITY-ST-ZIP	W PALM BEACH FL	<del> </del>	5.4 CITY-ST-ZIP	Kiviem Bus, fl 33404
TITLE	SD	DELETE	6.1 TITLE	SECRETARY Change Addition
NAME	MCCLENDON, CARTHIA		6.2 NAME	HELEN ANTHONY 20 50 N CONGRESS AVE
STREET ADDRESS	241 W 16TH ST		6.3 STREET ADDRESS	2050 N CON GREET
CITY-ST-ZIP	RIVIERA BEACH FL		6.4 CITY-ST-ZIP	WPALM BCH FL 33 401

14. Thereby 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 13 if changed, or on an attachment with an address.

SIGNATURE:

LUGNATAIRE FRICAIRES

1/22/98

**FILED** 

Jan 30 1998 8:00am

Secretary of State

:R2E037 (10/97)