2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVEL AND FILED

DOCUMENT # N30299 1. Entity Name WYCLIFFE GOLF AND COUNTRY CLUB, INC.					05 JUN 20 PM 2: 13 SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Principal Place of Business 4650 WYCLIFFE COUNTRY CLUB BLVD 4650 WYCLIFFE COUNTRY CLUB BLVD LAKE WORTH, FL 33467 LAKE WORTH, FL 33467					4 (111 11141 511				
2. Principal Place of Business 3. Ma		3. Mailing Address	ailing Address						
Suite, Apt. #, etc. S		Suite, Apt. #, etc.	iuite, Apt. #, etc.		05242005	Chg-NP	CR2E	E037 (10/03)	(W)
City & State C		City & State	ity & State		4. FEI Number 65-0145	006			applied For lot Applicable
Zip	Country	Zip	Country		5. Certificate of	of Status Desir	ed 🔲	\$8.75 Ac Fee Requir	
	6. Name and Address of Current	Registered Agent		:	7. Name and	Address of N	ew.Registere	d Agent	
JEWELL	AI FX		Name						
, JEWELL, ALEX 4650 WYCLIFFE COUNTRY CLUB BLVD. LAKE WORTH, FL 33467) .	Street A	Address (P	O. Box Number	is Not Accep	table)		
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			City				F	L Zip Coo	18
	e named entity submits this statement for tions of registered agent.	r the purpose of changing its r	registered office o	r registere	d agent, or both	, in the State	of Florida. I a	ım familiar with	, and accept
SIGNATURE		and title if applicable (NOTE)	Depletered Appendique	to a considered w	the colorestation		DAT	=	
SIGNATURE	Signature, typed or printed name of registered agent a	<u> </u>	Registered Agent signal	ture required w	hen reinstating)		DATI		 -
SIGNATURE		9. Election Cam Trust Fund Co	paign Financing		hen reinstating) \$5.00 May Be Added to Fees		Make che	eck payable partment of S	
SIGNATURE	Signature, typed or printed name of registered agent a Amended AR is \$61.25 OFFICERS AND DIR	9. Election Cam Trust Fund Co	paign Financing	_ ;			Make che Florida Dep	eck payable partment of S	State
	Signature, typed or printed name of registered agent a Amended AR is \$61.25	9. Election Cam Trust Fund Co	paign Financing ontribution.	_ ;	55.00 May Be added to Fees DDITIONS/CHAI	NGES TO OF	Make che Florida Dep FICERS AND	eck payable to artment of S DIRECTORS II Change	N 10 Addition
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12. 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 report or supplemental 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 employeed to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNENG OFFICER OR DIRECTOR

561-964-9200