2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30299

FILED Apr 13, 2006 Secretary of State

Entity Name: WYCLIFFE GOLF AND COUNTRY CLUB, INC.

Current Principal Place of Business: New Principal Place of Business: 4650 WYCLIFFE COUNTRY CLUB BLVD LAKE WORTH, FL 33467 **Current Mailing Address: New Mailing Address:** 4650 WYCLIFFE COUNTRY CLUB BLVD LAKE WORTH, FL 33467 FEI Number: 65-0145006 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: 4650 WYCLIFFE COUNTRY CLUB BLVD. LAKE WORTH, FL 33467 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition FISH, MICHAEL Name: Name: 4750 CARLTON GOLF DRIVE Address: Address: City-St-Zip: LAKE WORTH, FL 33467 City-St-Zip: Title: () Delete Title: (X) Change () Addition FISH, MICHAEL Name: ABRAMOWITZ, RICHARD Name: Address: 4750 CARLTON GOLF DRIVE Address: 4070 MANCHESTER LAKE DRIVE City-St-Zip: LAKE WORTH, FL 33467 City-St-Zip: LAKE WORTH, FL 33467 Title: () Delete Title: (X) Change () Addition ABRAMOWITZ, RICHARD SCHWARTZ, IRWIN Name: Name: 4070 MANCHESTER LAKE DRIVE 10730 GREENBRIAR VILLA DRIVE Address: Address: City-St-Zip: LAKE WORTH, FL 33467 City-St-Zip: LAKE WORTH, FL 33467 Title: DV () Delete Title: DS (X) Change () Addition Name: PAINTER, WILLIAM Name: POPOLOW, ROBERT 10592 NORTHGREEN DRIVE Address: Address: 4398 JAMES ESTATE COURT City-St-Zip: LAKE WORTH, FL 33467 City-St-Zip: LAKE WORTH, FL 33467 Title: DS (X) Delete Title: () Change () Addition NASS, ROBERT Name: Name: 4505 KENSINGTON PARK WAY Address: Address: City-St-Zip: LAKE WORTH, FL 33467 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL FISH DP 04/13/2006