## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35362

FILED Feb 07, 2009 Secretary of State

Entity Name: THE HARVARD CLUB OF THE PALM BEACHES, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1543 BREAKERS WEST BLVD. WEST PALM BEACH, FL 33411 US **Current Mailing Address: New Mailing Address:** 1543 BREAKERS WEST BLVD. WEST PALM BEACH, FL 33411 US FEI Number: 65-0157329 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: COLFLESH, AUDREY COLFLESH, AUDREY W 1543 BREAKERS WEST BLVD. 1543 BREAKERS WEST BLVD. WEST PALM BEACH, FL 33411 US WEST PALM BEACH, FL 33411 US 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: AUDREY W. COLFLESH 02/07/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SHIPLEY, ZACHARY K Name: Name: 1498 N OCEAN WAY Address: Address: City-St-Zip: PALM BEACH, FL 33480 City-St-Zip: Title: () Delete Title: () Change () Addition APTAKER, EDWARD Name: Name: Address: 2340 RABBIT HOLLOW CIRCLE Address: City-St-Zip: DELRAY BEACH, FL 33445 City-St-Zip: Title: () Delete Title: () Change () Addition BREKUS, TRUDY Name: Name: 120 DUNBAR RD. Address: Address: City-St-Zip: PALM BEACH, FL 33480 City-St-Zip: Title: Title: () Change () Addition ( ) Delete Name: IERARDI, JOSEPH A Name: Address: 293 BARCELONA RD. Address: City-St-Zip: WEST PALM BEACH, FL 33401 City-St-Zip: Title: () Delete Title: () Change () Addition KEMBLE, WILLIAM T JR. Name: Name: 218 ROYAL PALM WAY Address: Address: City-St-Zip: PALM BEACH, FL 33480 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition ECKSTEIN, HARRIET VARADY, STEVEN Name: Name: Address: 2335 S. OCEAN BLVD. #18 Address: 470 SOUTH COUNTRY CLUB DRIVE PALM BEACH, FL 33426 ATLANTIS, FL 33462 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: AUDREY W. COLFLESH ADMI 02/07/2009