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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N42395** **(6)**

1. Corporation Name
SMITH COLLEGE CLUB OF THE PALM BEACHES, INC.

Principal Place of Business	Mailing Address
C/O SAVAGE #323, 3030 SOUTH OCEAN BLVD. PALM BEACH FL 33480	C/O SAVAGE #323, 3030 SOUTH OCEAN BLVD. PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/01/1991
3a. Date of Last Report: 01/31/1994
4. FEI Number: 65-0252250 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

SAVAGE, NANCY W.
#323, 3030 SOUTH OCEAN BLVD.
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	SAVAGE, NANCY W.	12 NAME	500001413205
STREET ADDRESS	3030 S.OCEAN BLVD. #323	13 STREET ADDRESS	-02/23/95--01025--001
CITY-ST-ZIP	PALM BEACH FL	14 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	SD	21 TITLE	S/D ☐ Change ☐ Addition
NAME	ROSEN, RUTH C.	22 NAME	Schwartzreich Eleanor E.
STREET ADDRESS	308 EAGLE DR.	23 STREET ADDRESS	2871 Banyan Blvd. NW
CITY-ST-ZIP	JUPITER FL	24 CITY-ST-ZIP	Boca Raton, Fl.
TITLE	TD	31 TITLE	T/D ☐ Change ☐ Addition
NAME	SCHWARTEZREICH, ELEANOR E.	32 NAME	Lehrer Ellen F.
STREET ADDRESS	2871 BANYAN BLVD. CIRCLE NW	33 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	P.O. Box 1679 N/A ☒ Change ☐ Addition
NAME		42 NAME	Jupiter,Fl. 33468-1679
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	DAR 2-22
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Nancy W. Savage NANCY W. SAVAGE 1-23-95 407-585-5029
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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