

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

3. Date Incorporated or Qualified **03/01/1991** 3a. Date of Last Report **02/22/1995**

2. Principal Place of Business 21 C/O LEHRER Suite, Apt. #, etc. 22 18711 SE LAKESIDE WAY City & State 23 TEQUESTA, FL Zip 24 33469	2a. Mailing Address 26 C/O LEHRER Suite, Apt. #, etc. 27 PO Box 1679 City & State 28 JUPITER, FL Zip 29 33468-1679	4. FEI Number 65-0252250	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

81 Name ELLEN LEHRER
82 Street Address (P.O. Box Number is Not Acceptable) 18711 SE LAKESIDE WAY
83
84 City TEQUESTA FL 85 Zip Code 33469

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **ELLEN LEHRER TREASURER**

(NOTE: Registered Agent signature required when reinstating)

2/7/96
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE SAVAGE, NANCY W. 3030 S.OCEAN BLVD. #323 PALM BEACH FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE SCHWARTZREICH, ELEANOR E 2871 BANYAN BLVD. N.W. BOCA RATON FL	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE LEHRER, ELLEN F P.O. BOX 1679 N/A JUPITER FL 33468-1679	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: **ELLEN LEHRER** **2/7/96** **407-743-2720**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)