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Jan 29 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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
% LEHRER % LEHRER
18711 SE LAKESIDE WAY P.O. BOX 1679
TEQUESTA FL 33469 JUPITER FL 33468-1679
US US

3. Date Incorporated or Qualified 03/01/1991 3a. Date of Last Report 02/14/1996

2. Principal Place of Business 2a. Mailing Address
21 107 COMMODORE DRIVE 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 JUPITER, FL 28 Zip 29 Country
24 33477 25 USA 30

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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
LEHRER, ELLEN
18711 SE LAKESIDE WAY
TEQUESTA FL 33469
10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City JUPITER FL B5 Zip Code 33477

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

12. OFFICERS AND DIRECTORS
TITLE PD NAME SAVAGE, NANCY W. STREET ADDRESS 3030 S.OCEAN BLVD. #323 CITY-ST-ZIP PALM BEACH FL
TITLE SD NAME SCHWARTZREICH, ELEANOR E STREET ADDRESS 401 EAST LINTON BLVD, # 653 CITY-ST-ZIP DELRAY BEACH FL
TITLE TD NAME LEHRER, ELLEN F STREET ADDRESS 18711 SE LAKESIDE WAY CITY-ST-ZIP TEQUESTA FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE SECRETARY S/D 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
3.1 TITLE PRESIDENT P/D 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
4.1 TITLE TREASURER 4.2 NAME SDAN NEEDLE 4.3 STREET ADDRESS 3520 S OCEAN BLVD # F104 4.4 CITY-ST-ZIP PALM BEACH, FL 33480
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I do 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 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
1/29/97 611 743 2720

CR2E037 (9/96)