02241999-90006-038-$61.25-$61.25

**FILED**
**Feb 24, 1999 8:00 am**
**Secretary of State**
02-24-1999 90006 038 ****61.25

* 2 7 3 6 8 0 *
273680 - 90060 - 3

NONPROFIT CORPORATION ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N42395

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

Principal Place of Business
107 COMMODORE DRIVE
JUPITER FL 33477
US

Mailing Address
% LEHRER
P.O. BOX 1679
JUPITER FL 33468-1679
US

| | |
|---|---|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 | 26 Anne Mock |
| Suite, Apt. #, etc. 22 60 Marine Way | Suite, Apt. #, etc. 27 60 Marine Way |
| City & State 23 Delray FL | City & State 28 Delray, FL |
| Zip 24 33483 Country 25 USA | Zip 29 33483 Country 30 USA |

3. Date Incorporated or Qualified: 03/01/1991

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

9. Name and Address of Current Registered Agent

LEHRER, ELLEN
107 COMMODORE DRIVE
JUPITER FL 33477

Mock, Anne
60 Marine Way
Delray FL 33483

10. Name and Address of New Registered Agent

81 Name: Anne Mock
82 Street Address (P.O. Box Number is Not Acceptable): 60 Marine Way
83
84 City: Delray Beach FL 85 Zip Code: 33483

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: Anne Mock DATE: 3/19/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>FLUCKE, MARY KATHERINE<br>625 SOUTHWIND CIRCLE, UNIT 205<br>N PALM BEACH FL 33408 | ☒ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | SD Ellen Lehrer<br>107 Commodore Drive<br>Jupiter, FL 33477 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>JOAN NEEDLE<br>3520 S. OCEAN BLVD #F104<br>PALM BEACH FL 33480 | ☒ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | TD Carol Whalen<br>125 Ocean Ave. #703<br>Palm Beach Shores, FL 33404 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>LEHRER, ELLEN F<br>107 COMMODORE DRIVE<br>JUPITER FL 33477 | ☒ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | PD Anne Mock<br>60 Marine Way<br>Delray FL 33483 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (11/98)

14. I 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, with all other like empowered.

**SIGNATURE:** SIGNATURE REQUIRED 4/9/99 (561) 276-2951
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #