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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # **N50448**

(2)

PALM BEACH LACROSSE CLUB, INCORPORATED Principal Place of Business Mailing Address 2510 ANCHORAGE COVE D2 2510 ANCHORAGE COVE D2 PORT ST. LUCIE FL 34952 PORT ST. LUCIE FL 34952 3. Date Incorporated or Qualified 3a. Date of Last Report 08/18/1992 08/03/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0378195 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zio Country Country $Z_{\rm ID}$ 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MURPHY, DENNIS Street Art Less (P.O. Box Number is Not Acceptable) 82 2510 ANCHORAGE COVE D2 83 PORT ST. LUCIE FL 34952 84 City 85 Zip Code 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 the it applicable. (NOTE: Fingistered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. DELETE TULE 1 1 TITLE PRESIDENT: TREASURER; DIRECTOR Change -SMITH: KENT NAME 1.2 NAME MICHAEL GALVIN 1700 EMBASSY DRIVE, #504 STREET ADDRESS 1.3 STREET ADDRESS 1BO ELAINE TROAD WEST PALM BEACH FL-33413 1.4 CITY - ST - ZIP CITY - ST - ZIP WEST PALM REACH VPD DELETE Change [] Addition VICE PRESIDENT; DIRECTOR MICHAEL HILL TITLE 2.1 TiTLE CICIO, PAUL NAME 22 NAME **6322 UNGERIR STREET** 2.3 STREET ADDRESS R284 VIIIA BELLA STREET ADDRESS 33496 CITY - ST - ZIP PALM BEACH GARDENS FL 2 4 CITY-S1-ZIP BOLA RATON FloredA SECRETARY; DIRECTOR DENNIS KAURPHY PIDELETE TITLE 3 1 TITLE ☐ Change ☐ Addition MURPHY, DENNIS NAME 3.2 NAME 2510 SE ANCHORAGE COVE D-2 2610 SE ANCHORAGE COVE STREET ADDRESS 3.3 STREET ADDRESS PORT ST. LUCIE FL CITY-ST-ZIP 3.4 CITY-S1-ZIP Poat st. Lucii Fla 34952 ☐ Change DELETE Addition TITLE 4.1 TITLE **GALVIN. MICHAEL** NAME 4 2 NAME 180 ELAINE ROAD STREET ADDRESS 4.3 STREET ADORESS WEST PALM BEACH FL CHTY - ST - Z/P 4 4 CITY - ST - ZIP DELETE Change Addit on TITLE 5.1 T(I) F NAME 52 NAME STREET ADDRESS **53 STREET ADDRESS** 5.4 CiTY-ST-ZIP CITY-ST-Z-P DELETE ☐ Change ■ Addition TITLE 6 1 TITLE 6.2 NAME NAME

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.

6.3 STREET ADDRESS

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

SIGNATURE

STREET ADDRESS CITY - ST-ZIP

DÉNNIS

DENNIS 1. MURPHY

2/2/96

467.462.1590

CR2E037 (12/95)