2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT



FILED Apr 30, 2007 8:00 am Secretary of State

1. Entity Name	MENT # N92000000 ÅLM BEACH GARDENS WO		CLUB, INC.	:			04-30-200	7 90844 00	09 ****61.	25
Principal Place P.O. BOX 312 PALM BEACH			Address DX 31284 BEACH GARDENS,	FL 33	420-1284					
2. Principal Pl	ace of Business - No P.O. Box #	3. Mailing	g Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04242007	Chg-NP	CR2E0	37 (12/06)	
City & State		City &	City & State			4. FEI Num 59-61			————	plied For t Applicable
Zip	Country	Zip		Čou	ntry	5. Certificat	e of Status Desire	d 🗆	\$8.75 Add Fee Required	
	6. Name and Address of Current	Registered	Agent			7. Name ar	d Address of Ne	w Registered	Agent	
KARLIK, D	ANE I				Name					
3450 NOR	TH LAKE BOULEVARD #200 ACH GARDENS, FL 33403				Street Addr	ress (P.O. Box Num	ber is Not Accepta	able)		
,	(S) (S) (S) (S) (S) (S) (S) (S)									
	•				City			FL	Zip Code	9
	named entity submits this statement fo ions of registered agent.	or the purpos	e of changing its re	egistere	ed office or req	gistered agent, or t	oth, in the State of	f Florida. I am	familiar with,	and accept
	,									
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applica	able. (NOTE:	Registere	d Agent signature re	required when reinstating)		DATE		
	Signature, typed or printed name of registered agent. Filling Fee is \$81.25 Due by May 1, 2007	and title if applica	9. Election Camp	paign F	inancing	\$5.00 May	Be F		k payable to	
	Filing Fee is \$81.25		9. Election Camp	paign F	inancing ion.	\$5.00 May Added to Fee	L HANGES TO OFF	Make chec lorida Depa ICERS AND D	rtment of St	ate
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10. TITLE	Filing Fee Is \$81.25 Due by May 1, 2007 OFFICERS AND DIF	RECTORS	9. Election Camp Trust Fund Co	paign Fontributi	inancing ion.	\$5.00 May Added to Fee ADDITIONS/O	HANGES TO OFF	Make chec lorida Depa ICERS AND D	RECTORS IN	10 Addition
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP