2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# N94000006004

Entity Name: DUKE CLUB OF THE PALM BEACHES, INC.

Current Principal Place of Business:

505 S FLAGLER DR
SUITE 1100
WEST PALM BEACH, FL 33401 US

New Principal Place of Business:

Current Mailing Address:

505 S FLAGLER DR
SUITE 1100
WEST PALM BEACH, FL 33401 US

New Mailing Address:

FEI Number: 65-0660920 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

O'CONNOR, JOANNE M
505 S FLAGLER DR
1100
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	O'CONNOR, JOANNE M	
Address:	505 S FLAGLER DR, SUITE 1100	
City-St-Zip:	WEST PALM BEACH, FL 33401	
Title:	VPD	( ) Delete
Name:	MELLINGER, DARRIN W	
Address:	225 NE MIZNER BLVD, SUITE 300	
City-St-Zip:	BOCA RATON, FL 33432	
Title:	D	( ) Delete
Name:	BROWN, CORA	
Address:	903 SUMMERWINDS LANE	
City-St-Zip:	PALM BEACH GRDNS, FL 33480	
Title:	DM	( ) Delete
Name:	GARY, DUNKEL	
Address:	777 S FLAGLER DRIVE E-300	
City-St-Zip:	WEST PALM BEACH, FL 33401	
Title:	D	( ) Delete
Name:	NEULANDER, PRISCILLA	
Address:	2017 HIGH RIDGE RD	
City-St-Zip:	BOYNTON BEACH, FL 33426	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	DM	(X) Change ( ) Addition
Name:	DUNKEL, GARY	
Address:	777 S FLAGLER DRIVE E-300	
City-St-Zip:	WEST PALM BEACH, FL 33401	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOANNE M. O'CONNOR PD 04/28/2005

Electronic Signature of Signing Officer or Director — Date