

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000006004

FILED  
May 01, 2008  
Secretary of State

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 ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

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

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

Title: D (X) 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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

05/01/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date