

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000002052 (7)**

1. Corporation Name

EQUITY MEMBERS OF WYCLIFFE COUNTRY CLUB, INC.



Principal Place of Business

Mailing Address

~~1645 PALM BEACH LAKES BLVD.
SUITE 1200
W. PALM BEACH FL 33401~~

~~1645 PALM BEACH LAKES BLVD.
SUITE 1200
W. PALM BEACH FL 33401~~

3. Date Incorporated or Qualified
05/01/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **4835 EXETER ESTATE LN**

26 **7765 LAKE WORTH RD**

4. FEI Number

16-11825215

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 **LAKE WORTH, FL**

28 **LAKE WORTH, FL**

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GILDAN, PHILLIP C
1645 PALM BEACH LAKES BLVD.
SUITE 1200
W. PALM BEACH FL 33401**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GLICKMAN, NORMAN	
STREET ADDRESS	4870 EXETER ESTATE LANE	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BASS, STANLEY, TREAS.-D	
STREET ADDRESS	4425 BARCLAY FAIR WAY	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GOTTHEIM, JOSEPH	
STREET ADDRESS	4441 BARCLAY FAIR WAY	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROBINSON, MURAY, SECTY-D	
STREET ADDRESS	4840 EXETER ESTATE LANE	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STEIN, MARVIN	
STREET ADDRESS	4798 EXETER ESTATE LANE	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WALDMAN, ALBERT	
STREET ADDRESS	10121 DOVER CARRIAGE LANE	
CITY-ST-ZIP	LAKE WORTH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MURRAY WARREN	
1.3 STREET ADDRESS	4835 EXETER ESTATE LANE	
1.4 CITY-ST-ZIP	LAKE WORTH, FL. 33467	
2.1 TITLE	VICE PRESIDENT - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HOWARD KRONHAUS	
2.3 STREET ADDRESS	4876 EXETER ESTATE LANE	
2.4 CITY-ST-ZIP	LAKE WORTH, FL 33467	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(x), 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.

SIGNATURE:

Stanley Bass, TREAS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/96
Date

(407) 966-0827
Daytime Phone #

CR2E037 (12/95)