

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: ~~1645 PALM BEACH LAKES BLVD. SUITE 1200 W. PALM BEACH FL 33401~~
Mailing Address: ~~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: 21 4835 EXETER ESTATE LN, 22, 23 LAKE WORTH, FL, 24 33467
2a. Mailing Address: 25 7765 LAKE WORTH RD, 26, 27 SUITE 303, 28 LAKE WORTH, FL, 29 33467, 30 PALM BEACH

4. FEI Number: 16-118VSVIS
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

9. Name and Address of Current Registered Agent: GILDAN, PHILLIP C, 1645 PALM BEACH LAKES BLVD. SUITE 1200 W. PALM BEACH FL 33401

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code: FL

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 EXTER 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 KONHAUS	
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 4/9/96 (407) 966-0827
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)