


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 12, 2004 8:00 am**  
**Secretary of State**

05-12-2004 90205 020 \*\*\*\*61.25

<b>DOCUMENT # N95000002052</b>			
1. Entity Name <b>EQUITY MEMBERS OF WYCLIFFE COUNTRY CLUB, INC.</b>			
Principal Place of Business <b>4653 HAZELTON LANE LAKE WORTH FL 33467 US</b>		Mailing Address <b>P.O. BOX 540412 LAKE WORTH FL 33454 US</b>	
2. Principal Place of Business <b>4383 James Estate Ln.</b> Suite, Apt. #, etc.		3. Mailing Address <b>4383 James Estate Ln.</b> Suite, Apt. #, etc.	
City & State <b>Lake Worth FL</b>		City & State <b>Lake Worth FL</b>	
Zip <b>33467</b>	Country <b>USA</b>	Zip <b>33467</b>	Country <b>USA</b>
4. FEI Number <b>56-1182521</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>HTTAN, MELVIN 4413 KENSINGTON PARK WAY LAKE WORTH FL 33467</b>		7. Name and Address of New Registered Agent Name <b>Leon Schwartz</b> Street Address (P.O. Box Number is Not Acceptable) <b>4383 James Estate Ln</b> <b>Lake Worth FL</b> <b>33467</b> City <b>FL</b> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <b>Leon Schwartz</b> <b>Treas.</b> DATE <b>5/1/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD UTTAN, MELVIN 4413 KENSINGTON PARKWAY LAKE WORTH FL 33467 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MOSS, JACK 3828 NEW AVEN LAKE LAKE WORTH FL 33467 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SCHWARTZ, LEON 4383 JAMES ESTATE LANE LAKE WORTH FL 33467 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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.			
SIGNATURE: <b>Leon Schwartz</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>5/1/04</b> Daytime Phone # <b>561 963 0075</b>	