

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 27, 2004 8:00 am
Secretary of State

08-27-2004 90005 026 ****61.25

DOCUMENT # N97000003925

1. Entity Name
DILLON COUNTRY DAY & LAB SCHOOL, INC.



Principal Place of Business
PALM BEACH POLO STADIUM
13420 SOUTH SHORE BLVD
WELLINGTON, FL 33414 US

Mailing Address
PALM BEACH POLO STADIUM
13420 SOUTH SHORE BLVD
WELLINGTON, FL 33414 US

54070474



01222004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0762778

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

DILLON, JUDITH MARY
PALM BEACH POLO STADIUM
13420 SOUTH SHORE BLVD
WELLINGTON, FL 33414

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
DILLON, JUDITH
12770 WESTPORT CIRCLE
WELLINGTON, FL 33414

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
~~D~~
~~WEINSTEIN, DON~~
~~1000 W FOREST HILL BLVD~~
~~WELLINGTON, FL 33414~~

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
~~D~~
~~RIANDELL, GEORGINA~~
~~1004 MULBERRY~~
~~WELLINGTON, FL 33414~~

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
~~S~~
~~SMITH, MAUREEN~~
~~12735 GULFORD CT~~
~~WELLINGTON, FL 33414~~

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #