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Jun 11 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N97000006440 (8)

1. Corporation Name

**EXECUTIVE WOMEN'S GOLF ASSOCIATION OF PALM BEACH
COUNTY, INC.**



Principal Place of Business

Mailing Address

**931 VILLAGE BOULEVARD
SUITE 905-341
WEST PALM BEACH FL**

**931 VILLAGE BOULEVARD
SUITE 905-341
WEST PALM BEACH FL**

3. Date Incorporated or Qualified

11/17/1997

4. FEI Number

65-0636555

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NEWCOMER, DIANA L
931 VILLAGE BOULEVARD
SUITE 905-341
WEST PALM BEACH FL 33409**

81 Name

DEBORAH A. DIAZ

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

HAAS, DIAZ & CO.

83

1601 BELVEDERE RD STE 200

84 City

WEST PALM BEACH

FL

85 Zip Code

33408

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

DEBORAH A. DIAZ

4/9/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **JOAN SWINSON, PRESIDENT** ☐ DELETE
NAME
STREET ADDRESS **P.O. Box 14940 (NIA)**
CITY-ST-ZIP **NORTH PALM BEACH, FL 33408**

1.1 TITLE **DIRECTOR** ☐ Change ☐ Addition
1.2 NAME **CONSTANCE SCOTCHER**
1.3 STREET ADDRESS **5695 UPLAND WAY**
1.4 CITY-ST-ZIP **WEST PALM BEACH, FL 33411**

TITLE **VICE PRESIDENT** ☐ DELETE
NAME **SUSAN BACH**
STREET ADDRESS **14004 ASTER AVENUE**
CITY-ST-ZIP **WELLSBORO, FL 33414**

2.1 TITLE **DIRECTOR** ☐ Change ☐ Addition
2.2 NAME **DOROTHY BRADSHAW**
2.3 STREET ADDRESS **3823 WOODSWALK BLVD**
2.4 CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE **SECRETARY** ☐ DELETE
NAME **ANDREA HOFFMAN**
STREET ADDRESS **11760 US HWY #1 SUITE 600**
CITY-ST-ZIP **NORTH PALM BEACH, FL 33408**

3.1 TITLE **DIRECTOR** ☐ Change ☐ Addition
3.2 NAME **LOUISE McFALL MEADE**
3.3 STREET ADDRESS **5185 NUTMEG DRIVE**
3.4 CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

TITLE **TREASURER** ☐ DELETE
NAME **DEBORAH A. DIAZ**
STREET ADDRESS **1601 BELVEDERE ROAD**
CITY-ST-ZIP **WEST PALM BEACH, FL 33411**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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:

DEBORAH A. DIAZ, Treasurer

DEBORAH A. DIAZ

4/9/98

CR2E037 (10/97)