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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N97000006440			
1. Corporation Name EXECUTIVE WOMEN'S GOLF ASSOCIATION OF PALM BEACH COUNTY, INC.			
Principal Place of Business 931 VILLAGE BOULEVARD SUITE 905-341 WEST PALM BEACH FL		Mailing Address 931 VILLAGE BOULEVARD SUITE 905-341 WEST PALM BEACH FL	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	
3. Date Incorporated or Qualified 11/17/1997		4. FEI Number 65-0636555 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent DIAZ, DEBORAH A HAAS, DIAZ 1601 BELEVEDERE RD, SUITE 200 WEST PALM BEACH FL 33409		10. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE P <input checked="" type="checkbox"/> DELETE NAME SWINSON, JOAN STREET ADDRESS P.O. BOX 14940 N/A CITY-ST-ZIP N PALM BEACH FL 33408		11 TITLE P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 12 NAME LAURIE DUDA 13 STREET ADDRESS 523 NORTH DOVER ROAD 14 CITY-ST-ZIP JUPITER, FL 33469	
TITLE VP <input checked="" type="checkbox"/> DELETE NAME BACH, SUSAN STREET ADDRESS 14004 ASTER AVE CITY-ST-ZIP WELLINGTON FL 33414		21 TITLE BARB PIGNATARO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 22 NAME 1889 PALM BEACH LAKES BLVD 23 STREET ADDRESS WEST PALM BEACH, FL 33409 24 CITY-ST-ZIP	
TITLE S <input checked="" type="checkbox"/> DELETE NAME HOFFMAN, ANDREA STREET ADDRESS 11760 US HWY 1, SUITE 600 CITY-ST-ZIP N PALM BCH FL 33408		31 TITLE SANDI SWEETAPPLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 32 NAME 6592 WESTVIEW DRIVE 33 STREET ADDRESS LANTANA, FLORIDA 33462 34 CITY-ST-ZIP	
TITLE T <input type="checkbox"/> DELETE NAME DIAZ, DEBORAH A STREET ADDRESS 1601 BELEVEDERE RD CITY-ST-ZIP W PALM BCH FL 33406		41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE NAME SCOTCHEL, CONSTANCE STREET ADDRESS 5695 UPLAND WAY CITY-ST-ZIP W PALM BCH FL 33417		51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE NAME BRADSHAW, DOROTHY STREET ADDRESS 3823 WOODSWALK BLVD CITY-ST-ZIP LAKE WORTH FL 33467		61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 62 NAME 63 STREET ADDRESS 64 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, with all other like empowered.

SIGNATURE: Deborah A. Diaz, Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DEBORAH A. DIAZ

3/13/99 561-686-1551
Date Daytime Phone #

CR2E037 (11/98)