

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006440

FILED
Mar 12, 2004
Secretary of State**Entity Name:** EXECUTIVE WOMEN'S GOLF ASSOCIATION OF PALM BEACH COUNTY, INC.**Current Principal Place of Business:**23474 TORRE CIRCLE
BOCA RATON, FL 33433**New Principal Place of Business:****Current Mailing Address:**23474 TORRE CIRCLE
BOCA RATON, FL 33433**New Mailing Address:****FEI Number:** 65-0636555**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SCHECHTER, ELLEN
1900 NW CORPORATE BLVD.
SUITE 400 EAST
BOCA RATON, FL 33431 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCHECHTER, ELLEN
Address: 23474 TORRE CIRCLE
City-St-Zip: BOCA RATON, FL 33433

Title: TD () Delete
Name: RUSSELL, DEDORAH
Address: 799 HAVANA DRIVE
City-St-Zip: BOCA RATON, FL 33487

Title: SD () Delete
Name: STOLL, DONNA
Address: 14326 73RD STREET NORTH
City-St-Zip: WEST PALM BEACH, FL 33470

Title: VD () Delete
Name: MAGNUSON, BEVERLY
Address: 130 STONEBRIAR BLVD.
City-St-Zip: JUPITER, FL 33458

Title: D (X) Delete
Name: GILLES, ALEXA
Address: 11592 SANDERLING DRIVE
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: JARNOT, LISA
Address: 6347 SHADOW TREE LANE
City-St-Zip: LAKE WORTH, FL 33463

Title: SD (X) Change () Addition
Name: HERSEY, NANCY
Address: 5310 LAKEMONT CIR
City-St-Zip: GREENACRES, FL 33463

Title: TD (X) Change () Addition
Name: ZIEGLER, MARTI
Address: 1761 HARBORSIDE CIR
City-St-Zip: WELLINGTON, FL 33414

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELLEN SCHECHTER

PD

03/12/2004

Electronic Signature of Signing Officer or Director

Date