

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90029 032 \*\*\*\*61.25

|   |  |   |   |  |  |
|---|--|---|---|--|--|
| <b>DOCUMENT # N97000006440</b>  |  |   |   |  |  |
| <b>1. Entity Name</b><br>EXECUTIVE WOMEN'S GOLF ASSOCIATION OF PALM BEACH COUNTY, INC.  |  |   |   |  |  |
| <b>Principal Place of Business</b><br>7739 SE BAY CEDAR CIRCLE<br>7739 SE BAY CEDAR CIRCLE<br>HOBE SOUND, FL 33455  |  |   | <b>Mailing Address</b><br>7739 SE BAY CEDAR CIRCLE<br>HOBE SOUND, FL 33455  |  |  |
| <b>2. Principal Place of Business - No P.O. Box #</b><br>2210 RIDGEWOOD CIRCLE<br>Suite, Apt. #, etc.   |  | <b>3. Mailing Address</b><br>2210 RIDGEWOOD CIRCLE<br>Suite, Apt. #, etc.   |   |  |  |
| <b>City &amp; State</b><br>ROYAL PALM BEACH FL  |  | <b>City &amp; State</b><br>ROYAL PALM BEACH FL  |   | <b>4. FEI Number</b><br>65-0636555   |  |
| <b>Zip</b><br>33411   |  | <b>Country</b><br>USA   |   | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b><br>SCHECHTER, ELLEN<br>2500 N. MILITARY TRAIL<br>SUITE 200<br>BOCA RATON, FL 33431   |  |   | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |  |
| <b>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.</b>  |  |   |   |  |  |
| <b>SIGNATURE</b> _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |  |   |   |  |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2007</b>   |  | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   | <b>Make check payable to</b><br><b>Florida Department of State</b>                                     |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | <b>PD</b><br>PAQUETTE, ELIZABETH<br>PO BOX 427<br>WEST PALM BEACH, FL 33402      | <input checked="" type="checkbox"/> Delete  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | <b>P/D</b><br>NICOLE SAUVOLA<br>2210 RIDGEWOOD CIRCLE<br>ROYAL PALM BEACH FL 33411                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | <b>VD</b><br>LOBBY, NANCY<br>6026 LAS CALINAS CIRCLE<br>LAKE WORTH, FL 33463     | <input checked="" type="checkbox"/> Delete  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | <b>V/D</b><br>NANCY HERSEY<br>6310 LAKEMONT CIRCLE<br>GREENACRES FL 33463-2413                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | <b>TD</b><br>STADLER, LESLIE<br>7739 SE BAY CEDAR CIRCLE<br>HOBE SOUND, FL 33455 | <input checked="" type="checkbox"/> Delete  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | <b>S/D</b><br>NICOLE SCHENKELBERG<br>2978 WILLOW WAY<br>ROYAL PALM BEACH FL 33411-6813                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  |  | <input type="checkbox"/> Delete   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | <b>T/D</b><br>BETH K SCHWARTZ<br>48 HASTINGS LANE<br>BOYNTON BEACH FL 33426                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  |  | <input type="checkbox"/> Delete   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  |  | <input type="checkbox"/> Delete   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b> |  |   |   |  |  |
| <b>SIGNATURE:</b> <i>Beth K Schwartz</i> as Corp. Treasurer   |  |   | 4/9/07 561.965.4629   |  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |   | <small>Date Daytime Phone #</small>   |  |  |