

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90208 023 ***61.25

DOCUMENT # N98000004943

1. Entity Name
DARTMOUTH CLUB OF THE PALM BEACHES INC.



Principal Place of Business

4420 BEACON CIRLCE
SUITE 100
WEST PALM BEACH, FL 33407

Mailing Address

4420 BEACON CIRLCE
SUITE 100
WEST PALM BEACH, FL 33407

94070410



04212004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0859676

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WARD, PHILIP H III
4420 BEACON CIRLCE
SUITE 100
WEST PALM BEACH, FL 33407

**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	PD
NAME	WARD, PHILIP H III
STREET ADDRESS	4420 BEACON CIRLCE SUITE 100
CITY - ST - ZIP	WEST PALM BEACH, FL 33407
TITLE	VPD
NAME	HARRINGTON, FRANK JR
STREET ADDRESS	2329 DEVONSHIRE WAY
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33418
TITLE	VPD
NAME	CORBETT, DANIEL
STREET ADDRESS	14253 U.S. HIGHWAY ONE
CITY - ST - ZIP	JUNO BEACH, FL 33408
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
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 or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #