2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004943

1. Entity Name

DARTMOUTH CLUB OF THE PALM BEACHES INC.



FILED Feb 10, 2003 8:00 am Secretary of State 02-10-2003 90404 034 ****61.25

		Mailing Address 4420 BEACON CIRLCE SUITE 100 WEST PALM BEACH FL 33407 3. Mailing Address				2 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			
						LEQUELE)	EN 100111 0 0111 0 00114 0 01111	19 11 001() 01010 10111 0	1000 (161 1801
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State				4. FEI Number 65	-0859676	<u> </u>	pplied For ot Applicable
Zip	Country	Zip	Cou	ountry 5.		5. Certificate of Status Desired See Required \$8.75 Additional Fee Required			
	6. Name and Address of Current	Registered Agent	<u> </u>		· ·	7. Name and Addre	ess of New Regist	ered Agent	
WARD, PHILIP H III				Name					
	ACON CIRLCE		Street Address			(P.O. Box Number is Not Acceptable)			
SUITE 10	0								
i2	LM BEACH FL 33407	City					• • •	FL Zip Coo	de
SIGNATURE _	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE 9. Election Can Trust Fund C	npaign F	inancing		when reinstating) \$5.00 May Be Added to Fees	Make C	DATE Check Payable epartment of	
10.	OFFICERS AND DIF	RECTORS:	11.		A	ADDITIONS/CHANGE	S TO OFFICERS AI	ND DIRECTORS IN	V 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Ward, Philip H III 4420 Beacon Cirlce Suite 10	☐ Delete	TITLE NAME STRE					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WEST PALM BEACH FL 33407 VPD HARRINGTON, FRANK L JR. \$29\\$QUITH\FLAGLER\DR\TRUM WEST PALM\REACH\FL\30401	Delete	TITLE NAME STRE			rington, Fra 9 Devonshire n Beach Gard		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CORBETT, DANIEL 14253 U.S. HIGHWAY ONE JUNO BEACH FL 33408	☐ Delete	1			,		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with	□ Delete	CITY-	ET ADDRESS ST-ZIP	od in Soc	ction 119 07/3)(i). Flor	ida Statutas I furth	Change	Addition

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 an address, with an address.

SIGNATURE:

561-842-3000