

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000052580

FILED  
Apr 27, 2005  
Secretary of State

Entity Name: WYCLIFFE COUNTRY CLUB REALTY, INC.

## Current Principal Place of Business:

1000 CLINT MOORE RD.  
SUITE 110  
BOCA RATON, FL 33487

## New Principal Place of Business:

## Current Mailing Address:

1000 CLINT MOORE RD.  
SUITE 110  
BOCA RATON, FL 33487

## New Mailing Address:

FEI Number: 65-0424971      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SWARTZ, LORNA  
4150 WYCLIFFE COUNTRY CLUB BLVD.  
LAKE WORTH, FL 33467 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DST ( ) Delete  
Name: SWARTZ, LORNA  
Address: 4150 WYCLIFFE COUNTRY CLUB BLVD  
City-St-Zip: LAKE WORTH, FL

Title: DP ( ) Delete  
Name: ENDELSON, KENNETH M  
Address: 4150 WYCLIFFE COUNTRY CLUB BLVD  
City-St-Zip: LAKE WORTH, FL

Title: D ( ) Delete  
Name: MATTHEWS, GRAY J  
Address: 1000 CLINT MOORE RD, #110  
City-St-Zip: BOCA RATON, FL 33487

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH M. ENDELSON

DP

04/27/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date