

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 26 AM 8:13

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P93000063317 (0)

1. Corporation Name

CLUB CONSULTANTS OF PALM BEACH, INC.

Principal Place of Business

**3115 NORTH OCEAN BLVD.
SUITE 103
HIGHLAND BEACH FL 33487**

Mailing Address

**3115 NORTH OCEAN BLVD.
SUITE 103
HIGHLAND BEACH FL 33487**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/07/1993

3a. Date of Last Report

02/04/1994

4. FEI Number

65-0441845

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 5700 N Federal Hwy

2a. Mailing Address

Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

City & State

23 Boca Raton, FL

City & State

28

Zip

24 33487

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**CORPORATION INFORMATION SERVICES INC.
1201 HAYS STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

61 Name

62 Street Address (P.O. Box Number is Not Acceptable)

63

64 City

FL

65 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P**
NAME **GEWANT, ROBERT**
STREET ADDRESS **3115 N OCEAN BLVD., SUITE 103**
CITY-ST-ZIP **HIGHLAND BEACH FL 33487**

TITLE **V**
NAME **LOGIUSCI, JOSEPH**
STREET ADDRESS **3115 N OCEAN BLVD., SUITE 103**
CITY-ST-ZIP **HIGHLAND BEACH FL 33487**

TITLE **ST**
NAME **DIGIORGIO, MICHAEL**
STREET ADDRESS **3115 N OCEAN BLVD., SUITE 103**
CITY-ST-ZIP **HIGHLAND BEACH FL 33487**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed from an attachment with an addendum.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

1407-997-5464