PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherina Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P98000076711

THE CLUBHOUSE COLLECTION, INC.

THE OLG	DBF1000L COL	erection, mo.										
Principal Place	e of Business		Mailing	Address				- I TANISH DE UN COLOR DE LA PRINCIPA DE SELECTION DE SEL	actra Billi ()	lára Atri;	10 001 11	981 HBI 1 55 1
•			12255 P	LEASANT GREEN W	ſΑY			i	-			
12255 Pleasant Green Way 12255 Pleasant Green Way Boynton Beach Fl 33437-2050 Boynton Beach Fl 33437-2								00.000	IN THIS	CDACT	:	•
								DO NOT WRITE IN THIS SPACE				
								3. Date Incorporated or Qualifed				- 1
								08/31/1998			A	led For
2. Principal Pl	lace of Business		2a. Mai	ling Address				1 (El Number 872) 30		_ } _		
21		2	6					1 67 00 181 20		60.		Applicable iditional
Suite, Apt. #, etc.			_	Suite, Apt. #, etc.				5. Certifcate of Status Desired	3		e Requ	
22		2	27					 				
City & State			City & State					6. Election Campaign Financing \$5.00 May Be				
23			8					Trust Fund Contribution			080 10	F665
Zip	c	ountry	Zip		Cour	ntry		8. This corporation owes the current	year int	ngiyie Yes	 -]No
24	25		9		30			Personal Property Tax.	latara d	 _		
	9. Name and A	ddress of Current Re	gistered	d Agent		241	N	10. Name and Address of New Reg	istered i	agont		
84000 0					į	81	Name					
	ineth M. Kaleel				ł	82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
		ess avenue suiti	E 301		1							
BOY	inton Beach Fl	L 33426			ſ	63						}
						84	City			85	Zip Co	rde
•					1	34	City		FL	"		···
SIGNATURE	Signature, typed or printed	d name of registered agent and				Agent	signature required		DATE AN	D DIDI	CTOS	S IN 12
12.		OFFICERS AND D	RECTO		13.			ADDITIONS/CHANGES TO OFFIC	ERS AN	☐ Chi		Addition
TITLE	D			□ DELETE	1.5 TIII					LJ		_ `
NAME	BUSH, STANLE				12 NA	-						1
STREET ADORESS		NT GREEN WAY		•			ADDRESS					
CITY-ST-ZIP_	BOYNTON BEA	VCH FL 33437-2050			1,4 CIT		-200			∏ Chi	2000	Addition
TITLE	1			☐ DELETE	2.1 TIT		j				" Na	
NAME					2.2 NA	ME	Į					1
STREET ADORESS	4				2.3 \$TI	REET	ADORESS					
CITY-ST-ZIP_										-		
TITLE					2.4 CT	TY-ST	T-ZIP			-		- Addisha
NAME			-	DELETÉ	2.4 CT 3.1 TT	_	T-ZIP			Cha	egn	Addition
STREET ADDRESS		<u></u>		DELETE	_	Œ	T-ZIP			Cha	ange	Addition
			.	DELETÉ	3.1 TIT 3.2 NA	WE	ADDRESS			_ Chi	ange	Addition
CITY-ST-ZIP				DELETE	3.1 TIT 3.2 NA	LE ME REET	ADDRESS				<u> </u>	
CITY-ST-ZIP				DELETE	3.1 TIT 3.2 NA 3.3 STI 3.4. CI	LE ME REET	ADDRESS			_ Ch	<u> </u>	Addition Addition
					3.1 TIT 3.2 NA 3.3 STI 3.4. CI	LE ME REET TY-ST	ADDRESS		Torrassas		<u> </u>	
TITLE	 				3.1 TIT 3.2 NA 3.3 STI 3.4. CI 4.1 TIT 4.2 NA	LE ME REET TY-ST LE =	ADDRESS				<u> </u>	
NAME STREET ADORESS	 				3.1 TIT 3.2 NA 3.3 STI 3.4. CI 4.1 TIT 4.2 NA	ME REET TY-ST LE WE REET	ADDRESS T-ZIP			Ch	ange	Addition
NAME STREET ADDRESS CITY-ST-ZIP	 				3.1 YIT 3.2 NA 3.3 STI 3.4 CF - 4.1 TIY 4.2 NA 4.3 STI	TE ME TY-ST TY-ST	ADDRESS T-ZIP				ange	
NAME STREET ADORESS CITY-ST-ZIP TITLE	 			DELETE	3.1 TIT 3.2 NA 3.3 STI 3.4. CI 	TE ME TY-ST TLE WE REET TY-ST	ADDRESS T-ZIP			Ch	ange	Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME				DELETE	3.1 TIT 3.2 NA 3.3 STI 3.4, CI 4.1 TIT 4.2 NA 4.3 STI 5.1 TIT 5.2 NA	TE ME REET TY-ST WE REET TY-ST LE	ADDRESS T-ZIP		Transcenting Transcenting	Ch	ange	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				DELETE	3.1 TIT 3.2 NA 3.3 STI 3.4, CI 4.1 TIT 4.2 NA 4.3 STI 5.1 TIT 5.2 NA	THE	ADDRESS 1-ZP ADDRESS -ZP ADDRESS			Ch	ange	Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME				DELETE	3.1 TIT 3.2 NA 3.3 STI 3.4. CI 4.1 TIT 4.2 NA 4.3 STI 5.1 TIT 5.2 NA 5.3 STI	THE	ADDRESS 1-ZP ADDRESS -ZP ADDRESS			Ch	ange	Addition

14. 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 annual report a suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the conformation or the receiver or trustee ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment within address, with all other like empowered.

8.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZEP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

CER OR DIRECTOR

FILED

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90222 047 ***150.00