

Information submitted via Top Hat Plan Statement Online Filing System to U. S.
Department of Labor under 29 CFR 2520.104-23

Date Completed: 11/20/2024 4:34 PM EST

Confirmation Number: 14031
Amended Confirmation Number: 13979

Employer Information

Name: The Beach Club
Address: 755 N County Rd
City: Palm Beach
State: FL
Zip Code: 33480

Plan Administrator Information

Name: Mireille Miller
Address: 755 N County Rd
City: Palm Beach
State: FL
Zip Code: 33480
Phone: 5618635500
Email: mireille@thebeachclub.net

Plan Information

Employer maintains the plan or plans below primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

ID:1	Plan Name:	The Beach Club	Number of Employees: 1
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Additional Information:

Amended Filing



U. S. Department of Labor
Employee Benefits Security Administration
Washington, DC 20210

This message confirms that the Department of Labor's (DOL's) Employee Benefits Security Administration (EBSA) has received the filing of your Top Hat Plan Statement. The confirmation code for your filing is 14031. When correcting errors to your filing, please use this code in your amended statement. This communication does not mean that DOL has made a determination that you are eligible to file under DOL regulation 29 CFR 2520.104-23.