

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733403

FILED
Mar 06, 2009
Secretary of State

Entity Name: PALM BEACH DAY ACADEMY, INC.

Current Principal Place of Business:

241 SEAVIEW AVE.
PALM BEACH, FL 33480

New Principal Place of Business:

Current Mailing Address:

241 SEAVIEW AVE.
PALM BEACH, FL 33480

New Mailing Address:

FEI Number: 59-0873834

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GY CORPORATE SERVICES, INC.
777 S. FLAGLER DR.
SUITE 500E
WEST PALM BEACH, FL 33401 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEONE, PAUL
Address: THE BREAKERS, 1 S COUNTY ROAD
City-St-Zip: PALM BEACH, FL 33480

Title: VP () Delete
Name: MONELL, AMBROSE
Address: 635 CREST ROAD
City-St-Zip: PALM BEACH, FL 33480

Title: TREA () Delete
Name: JOHNSON, SCOTT
Address: 241 MOCKINGBIRD TRAIL
City-St-Zip: PALM BEACH, FL 33480

Title: SEC () Delete
Name: PALAGYE, STACY
Address: 211 EDEN ROAD
City-St-Zip: PALM BEACH, FL 33480

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:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL LEONE

PRES

03/06/2009

Electronic Signature of Signing Officer or Director

Date