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Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90018 025 ****61.25

0044307

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 744176

1. Corporation Name

PALM BEACH COUNTY DARTING ASSOCIATION, INC.

Principal Place of Business

5179 LITTLE BEAR DR N
BOYNTON BCH FL 33437
US

Mailing Address

5179 LITTLE BEAR DR N
BOYNTON BCH FL 33437
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/06/1978

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DIANA L WARREN
2302 NW 15TH WAY #641
BOYNTON BCH FL 33436

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Diana L. Warren
Signature, typed or printed name of registered agent, as applicable.

Diana L. Warren
(NOTE: Registered Agent signature required when reinstating)

1/24/99
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P DELETE
NAME NUNZI MIRACOLA
STREET ADDRESS 5179 LITTLE BEAR DR N
CITY-ST-ZIP BOYNTON BCH FL 33437

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D DELETE
NAME SPENDIFF, WARREN
STREET ADDRESS 4292 B BEECH CIR
CITY-ST-ZIP LAKE WORTH FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE S DELETE
NAME DIANA L WARREN
STREET ADDRESS 2302 NW 15TH WAY #641
CITY-ST-ZIP BOYNTON BCH FL 33436

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE T DELETE
NAME TERRI COLLEY SCHWAB
STREET ADDRESS 4762 CHERRY RD
CITY-ST-ZIP W PALM BCH FL 33416

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP 901 Cracker Street, West Plm Bch FL

TITLE D DELETE
NAME JUNE GREENE
STREET ADDRESS 1235 12TH FAIRWAY
CITY-ST-ZIP WELLINGTON FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP 33413

TITLE VP DELETE
NAME RALPH MCILROY
STREET ADDRESS P O BOX 17383 N/A
CITY-ST-ZIP WEST PALM BCH FL 33416

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Diana L. Warren 1-24-99 561-738-0435
Date Daytime Phone #

CR2E037 (1/198)