


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90026 002 ****61.25

DOCUMENT # 744176			
1. Entity Name PALM BEACH COUNTY DARTING ASSOCIATION, INC.			
Principal Place of Business 901 CRACKER STREET WEST PALM BEACH, FL 33413 US		Mailing Address P O BOX 20023 WEST PALM BEACH, FL 33416 US	
2. Principal Place of Business <i>579 Tallulah Rd</i>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Lantana, Florida</i>		City & State	
Zip <i>33462</i>	Country <i>Palm Beach</i>	Zip	Country
6. Name and Address of Current Registered Agent SCHWAB, TERRI TREASUR 901 CRACKER STREET WEST PALM BEACH, FL 33413		7. Name and Address of New Registered Agent Name <i>Becky Jordan</i> Street Address (P.O. Box Number is Not Acceptable) <i>579 Tallulah Rd</i> City <i>Lantana</i> FL Zip Code <i>33462</i>	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>Becky Jordan</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<i>Becky Jordan</i> <small>(NOTE: Registered agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RECKERS, JOE 5130 SOCIETY PLACE N APT H WEST PALM BEACH, FL 33415 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Becky Jordan 579 Tallulah Rd Lantana, FL 33462 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHWAB, TERRI 901 CRACKER STREET WEST PALM BEACH, FL 33413 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Pam Roach 3943 PRINCESS DONNA Ct. E. BOYNTON BEACH, FL 33436 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JORDAN, BECK 579 TALLULUH DR LAKE WORTH, FL 33461 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Debbie Doll 5407 NASH TRAIL LAKE WORTH, FL 33463 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PHILLIPS, DAVE 5130 SOCIETY PLACE W APT H WEST PALM BEACH, FL 33415 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Charles Bock 5519 LAKE AVE. WEST PALM BEACH, FL 33405 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Becky Jordan</i>		<i>1/17/06</i> (561) 436-0522	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	