

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000002045

1. Entity Name
PALM BEACH CHAPTER H.O.G., INC.



Principal Place of Business
**2955 45TH STREET
WEST PALM BEACH, FL 33407**

Mailing Address
**2955 45TH STREET
WEST PALM BEACH, FL 33407**



01262006 No Chg-NP CRZE037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0992505

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**ZANE, JEFFREY P ESQ.
4800 RIVERSIDE DR., SUITE 101
PALM BCH GARDENS, FL 33410**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DAMIANO, ANDY
2955 45TH STREET
WEST PALM BEACH, FL 33407**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
NATALE, JOHN
2955 45TH STREET
WEST PALM BEACH, FL 33407**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LEHMAN, MIKE
2955 45TH STREET
W. PALM BCH, FL 33407**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000409946
02/03/06-80012-023 61.25

**DO NOT WRITE
IN THIS SPACE**

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: John Natale John Natale

1-27-06

561-
719-4600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #