

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

03-09-2006 90161 050 \*\*\*\*61.25

<b>DOCUMENT # N09876</b> 1. Entity Name <b>PALM BEACH COUNTY CITY MANAGEMENT ASSOCIATION, INC.</b>			
Principal Place of Business <b>CITY OF BOCA RATON 201 WEST PALMETTO PARK ROAD BOCA RATON, FL 33432-3795 US</b>		Mailing Address <b>CITY OF BOCA RATON 201 WEST PALMETTO PARK ROAD BOCA RATON, FL 33432-3795 US</b>	
2. Principal Place of Business <b>City of Lake Worth</b> Suite, Apt. #, etc. <b>7 N. Dixie Highway</b> City & State <b>Lake Worth, FL</b> Zip Country <b>33460 USA</b>		3. Mailing Address <b>City of Lake Worth</b> Suite, Apt. #, etc. <b>7 N. Dixie Highway</b> City & State <b>Lake Worth, FL</b> Zip Country <b>33460 USA</b>	
4. FEI Number <b>59-2552614</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BROWN, GEORGE S ACM 201 WEST PALMETTO PARK ROAD BOCA RATON, FL 33432-3795</b>		7. Name and Address of New Registered Agent Name <b>Laura J. Hannah, Asst. to the CMgr.</b> Street Address (P.O. Box Number is Not Acceptable) <b>c/o City of Lake Worth</b> <b>7 N. Dixie Highway</b> City <b>Lake Worth</b> <b>FL</b> Zip Code <b>33460</b>	
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 <u><i>George S Brown</i></u> DATE <u>03/06/2006</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DUNKAN, GREGORY L 600 SOUTH OCEAN BLVD MANALAPAN, FL 33462	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ELWELL, PETER B 360 S COUNTRY ROAD PALM BEACH, FL 33480	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Elwell, Peter B. 360 S. County Rd. Palm Beach, FL 33480	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Hannah, Laura J. 7 N. Dixie Highway Lake Worth, FL 33460	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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: <u><i>[Signature]</i></u>		Date <u>17 Feb 06</u> Daytime Phone # <u>561.586.1630</u>	