


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90023 015 ****61.25

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| DOCUMENT # N09876 |  |
| 1. Entity Name PALM BEACH COUNTY CITY MANAGEMENT ASSOCIATION, INC. | |

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| Principal Place of Business CITY OF BOYNTON BEACH 100 E. BOYNTON BEACH BLVD BOYNTON BEACH, FL 33435 US | Mailing Address CITY OF BOYNTON BEACH PO BOX 310 BOYNTON BEACH, FL 33425 US |
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| 2. Principal Place of Business - No P.O. Box # Town of Juno Beach Suite, Apt. #, etc. 340 Ocean Drive City & State Juno Beach FL Zip 33408 Country USA | 3. Mailing Address Town of Juno Beach Suite, Apt. #, etc. 340 Ocean Drive City & State Juno Beach FL Zip 33408 Country USA |
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10012008



01172008 Chg-NP CR2E037 (12/06)

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| 4. FEI Number 59-2552614 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent BRESSNER, KURT W CITY OF BOYNTON BEACH 100 E. BOYNTON BEACH BLVD BOYNTON BEACH, FL 33435 | 7. Name and Address of New Registered Agent Name Jeffrey Naftal Street Address (P.O. Box Number is Not Acceptable) Town of Juno Beach 340 Ocean Drive City Juno Beach FL Zip Code 33408 |
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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 Jeffrey Naftal Jeffrey Naftal, Secretary/Treasurer 1/17/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

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| Filing Fee is \$61.25 Due by May 1, 2008 | 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 |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD DUNHAM, GREGORY L 600 SOUTH OCEAN BLVD MANALAPAN, FL 33462 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary/Treasurer Jeffrey Naftal 340 Ocean Drive Juno Beach, FL 33408 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD BRESSNER, KURT W 100 E. BOYNTON BEACH BLVD BOYNTON BEACH, FL 33435 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice-President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD HANNAH, LAURA J 7 N DIXIE HWY LAKE WORTH, FL 33460 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President <input checked="" 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 |
| 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: Jeffrey Naftal Jeffrey Naftal 1/17/08 561-626-1122
Signature, typed or printed name of signing officer or director Date Daytime Phone #