2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09876

FILED Jan 12, 2009 Secretary of State

Entity Name: PALM BEACH COUNTY CITY MANAGEMENT ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

TOWN OF JUNO BCH CITY OF GREENACRES 340 OCEAN DR 5800 MELALEUCA LN

NORTH PALM BEACH, FL 33408 US GREENACRES, FL 33463 US

Current Mailing Address: New Mailing Address:

TOWN OF JUNO BCH
340 OCEAN DR
CITY OF GREENACRES
5800 MELALEUCA LN

NORTH PALM BEACH, FL 33408 US GREENACRES, FL 33463 US

FEI Number: 59-2552614 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NAFTAL, JEFFREY
TOWN OF JUNO BCH
340 OCEAN DR
NORTH PALM BEACH, FL 33408 US

MANZO, DEBORAH S
CITY OF GREENACRES
5800 MELALEUCA LN
GREENACRES, FL 33463 US

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.

SIGNATURE: DEBORAH S. MANZO 01/12/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: VP () Delete Title: PRES (X) Change () Addition

 Name:
 BRESSNER, KURT W
 Name:
 BRESSNER, KURT W

 Address:
 100 E. BOYNTON BEACH BLVD
 Address:
 100 E. BOYNTON BEACH BLVD

 City-St-Zip:
 BOYNTON BEACH, FL 33435
 City-St-Zip:
 BOYNTON BEACH, FL 33435

Title: P () Delete Title: ST (X) Change () Addition Name: HANNAH, LAURA J Name: MANZO, DEBORAH S

Name: HANNAH, LAURA J Name: MANZO, DEBORAH S
Address: 7 N DIXIE HWY Address: 5800 MELALEUCA LN
City-St-Zip: LAKE WORTH, FL 33460 City-St-Zip: GREENACRES, FL 33463

Title: ST () Delete Title: VP (X) Change () Addition

Name:NAFTAL, JEFFREYName:NAFTAL, JEFFREYAddress:340 OCEAN DRAddress:5800 MELALEUCA LNCity-St-Zip:NORTH PALM BEACH, FL 33408City-St-Zip:GREENACRES, FL 33463

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORAH S. MANZO ST 01/12/2009