

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40124

FILED
May 07, 2006
Secretary of State

Entity Name: PALM BEACH COUNTY DIVING ASSOCIATION, INC.

Current Principal Place of Business:

921 SANDTREE DR
PALM BEACH GARDENS, FL 33403 US

New Principal Place of Business:

Current Mailing Address:

921 SANDTREE DR
PALM BEACH GARDENS, FL 33403 US

New Mailing Address:

FEI Number: 65-0222262 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WALKER, BILL
912 SANDTREE DR
PALM BEACH GARDENS, FL 33403 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ABERNETHY, JAMES
Address: 255 E 22ND CT
City-St-Zip: RIVIERA BEACH, FL 33404

Title: TD () Delete
Name: WALKER, BILL
Address: 921 SANDTREE DR
City-St-Zip: PALM BEACH GARDENS, FL 33403

Title: D () Delete
Name: DAVIS, RAYMOND T
Address: 12173 EASTERLY AVE.
City-St-Zip: PALM BEACH GARDENS, FL 33410

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SHULER, MICHAEL D
Address: 2513 BEACH COURT
City-St-Zip: SINGER ISLAND, FL 33404

Title: D (X) Change () Addition
Name: WALKER, BILL
Address: 921 SANDTREE DR
City-St-Zip: PALM BEACH GARDENS, FL 33403

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: BILL WALKER

D

05/07/2006

Electronic Signature of Signing Officer or Director

Date