

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45806

FILED
Mar 19, 2009
Secretary of State

Entity Name: PALM BEACH POPS, INC.

Current Principal Place of Business:

500 AUSTRALIAN AVE. SOUTH
SUITE 100
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

500 AUSTRALIAN AVE. SOUTH
SUITE 100
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 65-0294494

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ARONSON, ROBERT I
500 AUSTRALIAN AVENUE SOUTH
SUITE 100
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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: P/D () Delete
Name: LAPPIN, W. ROBERT
Address: 500 AUSTRALIAN AVE. SOUTH-S #100
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: BILDNER, JOAN
Address: 500 AUSTRALIAN AVE SOUTH-S #100
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: BROGAN, JOHN J
Address: 500 AUSTRALIAN AVE. SOUTH-S #100
City-St-Zip: WEST PALM BEACH, FL 33401

Title: ST () Delete
Name: ARONSON, ROBERT I
Address: 500 AUSTRALIAN AVE S STE 100
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: ROBINSON, NICHOLAS
Address: 500 AUSTRALIAN AVE. SOUTH
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: COOK, PATRICIA L
Address: 500 AUSTRALIAN AVE. SOUTH-S #100
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: ROBERT ARONSON

ST

03/19/2009

Electronic Signature of Signing Officer or Director

Date