



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 25, 2005 8:00 am**  
**Secretary of State**

03-25-2005 90041 033 \*\*\*\*61.25

<b>DOCUMENT # N94000004653</b>					
<b>1. Entity Name</b> CODE ENFORCEMENT OFFICERS ASSOCIATION OF PALM BEACH COUNTY, FLORIDA, INC.					
<b>Principal Place of Business</b> POST OFFICE BOX 19062 WEST PALM BEACH, FL 33416-9062			<b>Mailing Address</b> POST OFFICE BOX 19062 WEST PALM BEACH, FL 33416-9062		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03232005    Chg-NP    CR2E037 (10/03)	
City & State		City & State		<b>4. FEI Number</b> 65-0886077	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
HAUSERMAN, MICHAEL J 100 AUSTRALIAN AVE WEST PALM BEACH, FL 33406				Name <u>Jackson, Kenneth E</u> Street Address (P.O. Box Number is Not Acceptable) <u>100 Australian Ave</u> City <u>West Palm Beach</u> <b>FL</b> Zip Code <u>33406</u>	
<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.</b>					
SIGNATURE <u>Kenneth E Jackson</u>		<u>Jackson, Kenneth E</u>		<u>3/23/2005</u>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution: <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> PD <b>NAME</b> HAUSERMAN, MICHAEL J <b>STREET ADDRESS</b> 100 AUSTRALIAN AVE <b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33406	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> VPD <b>NAME</b> JACKSON, KENNETH E <b>STREET ADDRESS</b> 100 AUSTRALIAN AVE <b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33406	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> SD <b>NAME</b> MCDOUGAL, CYNTHIA S <b>STREET ADDRESS</b> 100 AUSTRALIAN AVE <b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33406	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> TD <b>NAME</b> HANDLEY, GEOFF <b>STREET ADDRESS</b> 7 N. DIXIE HWY <b>CITY-ST-ZIP</b> LAKE WORTH, FL 33406	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete				
<b>TITLE</b> PD <b>NAME</b> Jackson, Kenneth E <b>STREET ADDRESS</b> 100 Australian Ave <b>CITY-ST-ZIP</b> West Palm Beach, FL 33406	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> VPD <b>NAME</b> Bruscell, Michael <b>STREET ADDRESS</b> 645 Prosperity Farms Rd <b>CITY-ST-ZIP</b> North Palm Beach, FL 33408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> SD <b>NAME</b> Miller, Lorraine <b>STREET ADDRESS</b> 100 Australian Ave <b>CITY-ST-ZIP</b> West Palm Beach, FL 33406	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> TD <b>NAME</b> Page, Signe <b>STREET ADDRESS</b> 100 Australian Ave <b>CITY-ST-ZIP</b> West Palm Beach, FL 33406	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b>					
<b>SIGNATURE:</b> <u>Kenneth E Jackson</u>		<u>Jackson, Kenneth E</u>		<u>3/23/2005</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	