


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90220 002 \*\*\*\*61.25

<b>DOCUMENT # N24559</b> 1. Entity Name <b>BRILLE CLUB OF PALM BEACH COUNTY, INC.</b>					
Principal Place of Business <b>4801 SOUTH DIXIE WEST PALM BEACH, FL 33405</b>			Mailing Address <b>4801 SOUTH DIXIE WEST PALM BEACH, FL 33405</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	05012006 Chg-NP CR2E037 (4/06)	
4. FEI Number <b>59-2484799</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SORGINI, ROBERT 300 N. FEDERAL HWY. SUITE 3 LAKE WORTH, FL 33460</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IVPD TROIANO, RICK 21 COLUMBIA CLUB DR. BLD. 21 APT. 100 BOYNTON BEACH, FL 33435		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COTTRELL, JOHN N 6174 FOREST HILL BLVD APT 102 WEST PALM BEACH, FL 33416	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TRABULSI, JOHN 225 EXECUTIVE CENTER DRIVE APT B115 WEST PALM BEACH, FL 33401		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOWNEY, HARRIET 615 NORTH C STREET LAKE WORTH, FL 33460	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PRESTON, ALLEN 942 CHERRY RD W PALM BEACH, FL 33409		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRESTON, ALLEN 942 CHERRY RD WEST PALM BEACH, FL 33409	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIETZ, BETTY 417 BARNETT STREET WEST PALM BEACH, FL 33405		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICH, EILEEN 4800 1/2 SOUTH DIXIE HIGHWAY WEST PALM BEACH, FL 33405	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLMAN, DOROTHY 1500 LUCERN AVE APT 716 LAKE WORTH, FL 33460		TITLE NAME STREET ADDRESS CITY-ST-ZIP	IVPD HADLER, GARY 6346 LAUDERDALE STREET DORTCHER, FL 33458	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DIETZ, WALTER 417 BARNETT STREET WEST PALM BEACH, FL 33405		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> <i>Walter E. Dietz</i> <b>TREASURER (WALTER E. DIETZ 5/1/06 561-588-6196)</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					