

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725754

FILED  
Apr 20, 2005  
Secretary of State

Entity Name: PALM BEACH NATIONAL CIVIC ASSOCIATION INC

**Current Principal Place of Business:**

P.O. BOX 7214  
LAKE WORTH, FL 334667214 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 7214  
LAKE WORTH, FL 334667214 US

**New Mailing Address:**

FEI Number: 59-6798874

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

POOLE, BILL  
3164 MEDINAH CIR  
LAKE WORTH, FL 33467 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: 1VPD ( ) Delete  
Name: COLLINS, PAMELA  
Address: 3147 HOYLAKE RD  
City-St-Zip: LAKE WORTH, FL 33467

Title: 2VPD ( ) Delete  
Name: MORRIS, JIM  
Address: 3081 MERION TERRACE  
City-St-Zip: LAKE WORTH, FL 33467

Title: T ( ) Delete  
Name: CROTEAU, CONSTANCE A T  
Address: 7659 ST. ANDREWS ROAD  
City-St-Zip: LAKE WORTH, FL 33467

Title: PD ( ) Delete  
Name: HARDMAN, MICHAEL  
Address: 7235 OAKMONT DR  
City-St-Zip: LAKE WORTH, FL 33467

Title: S (X) Delete  
Name: KENNEDY, JODI S  
Address: 7934 ST. ANDREWS ROAD  
City-St-Zip: LAKE WORTH, FL 33467

**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: PD (X) Change ( ) Addition  
Name: AMATEIS, ROLAND  
Address: 7235 OAKMONT DR  
City-St-Zip: LAKE WORTH, FL 33467

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 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 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: CONSTANCE A. CROTEAU

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04/20/2005

Electronic Signature of Signing Officer or Director

Date