

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725754

FILED  
Jan 30, 2008  
Secretary of State

Entity Name: PALM BEACH NATIONAL CIVIC ASSOCIATION INC

**Current Principal Place of Business:**

7519 OAKMONT DRIVE  
LAKE WORTH, FL 33467 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:**

HODACH, ALICE  
3284 PEBBLE BEACH DRIVE  
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: WENSING, RICHARD  
Address: 3269 HOYLAKES ROAD  
City-St-Zip: LAKE WORTH, FL 33467

Title: 2VPD ( ) Delete  
Name: HODACH, GARY  
Address: 3284 PEBBLE BEACH DRIVE  
City-St-Zip: LAKE WORTH, FL 33467

Title: T ( ) Delete  
Name: DICKERSON, DAWN  
Address: 7519 OAKMONT DRIVE  
City-St-Zip: LAKE WORTH, FL 33467

Title: PD ( ) Delete  
Name: HODACH, ALICE  
Address: 3284 PEBBLE BEACH DRIVE  
City-St-Zip: LAKE WORTH, FL 33467

Title: SEC ( ) Delete  
Name: IOANNIDES, CECILIA  
Address: 7137 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: ( ) 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: DAWN DICKERSON

T

01/30/2008

Electronic Signature of Signing Officer or Director

Date