

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90031 049 ****70.00

DOCUMENT # 734658 1. Entity Name PALM BEACH COUNTY ASSOCIATION FOR RETARDED CITIZENS, INC.					
Principal Place of Business 1201 AUSTRALIAN AVE. RIVIERA BEACH, FL 33404			Mailing Address 1201 AUSTRALIAN AVE. RIVIERA BEACH, FL 33404		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
		01042006 Chg-NP		CR2E037 (11/05)	
4. FEI Number 59-0883386				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
OLSHANSKY, HOWARD S 1201 AUSTRALIAN AVE. RIVIERA BEACH, FL 33404			Name _____		
			Street Address (P.O. Box Number is Not Acceptable) _____		
			City _____		
			FL		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 _____				01-05-06	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 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	PPD KILDAY, KIERAN 1201 AUSTRALIAN AVE RIVIERA BEACH, FL 33404 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD Florence Seiler 1201 Australian Ave. ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED POOLE, MICHELE 1201 AUSTRALIAN AVE RIVIERA BEACH, FL 33404 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED Debra Ruedisili 1201 Australian Ave. ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRAVETT, ANTHONY 1201 AUSTRALIAN AVENUE RIVIERA BEACH, FL 33404 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Chuck Kramer 1201 Australian Ave. ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SEILER, FLORENCE 1201 AUSTRALIAN AVE RIVIERA BEACH, FL 33404 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Michele Poole 1201 Australian Ave. ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUEDISILI, DEBRA 1201 AUSTRALIAN AVENUE RIVIERA BEACH, FL 33404 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Mary Beth Crane 1201 Australian Ave. ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLSHANSKY, HOWARD S 1201 AUSTRALIAN AVE. RIVIERA BEACH, FL 33404 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	 ☐ Change ☐ Addition	
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.					
SIGNATURE: _____		Howard S. Olshansky 1-5-06 561-842-3213			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					