

# ANNUAL REPORT

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90005 033 \*\*\*\*70.00

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| <b>DOCUMENT # 736615</b><br>1. Entity Name<br><b>THE CITIZENS' ASSOCIATION OF PALM BEACH, INC.</b>  |  |   |  |  |  |
| Principal Place of Business<br><b>2875 SOUTH OCEAN BOULEVARD<br/>         PALM BEACH, FL 33480</b>  |  |   | Mailing Address<br><b>2875 SOUTH OCEAN BOULEVARD<br/>         PALM BEACH, FL 33480</b>   |  |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                       |  |  |  |
| City & State<br><br>Zip   |  | City & State<br><br>Zip   |  | 4. FEI Number<br><b>59-1930968</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |   |  | Applied For<br><input type="checkbox"/> Not Applicable                       |  |
| 6. Name and Address of Current Registered Agent<br><br><b>MCDONALD, JACK ESQ<br/>         2875 SO. OCEAN BLVD<br/>         PALM BEACH, FL 33480</b>   |  |   | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City  |  |  |
| 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 _____<br><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<br/>         Due by May 1, 2004</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be<br/>         Added to Fees</b>                              |  |
| <b>Make check payable to<br/>         Florida Department of State</b>   |  | DATE _____  |  |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | S<br>MORRIS, CHARLOTTE<br>2840 SO OCEAN BLVD #309<br>PALM BEACH, FL 33480        |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | CHAIRMAN<br>NECTOW, HAROLD<br>2780 SO OCEAN BLVD #110<br>PALM BEACH FL 33480 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | V<br>NECTOW, HAROLD<br>2780 SO OCEAN BLVD #110<br>PALM BEACH, FL 33480           |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | 1ST VICE CHAIRMAN<br>FRANK, GERALD<br>2784 SO OCEAN BLVD #401S               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | GCD<br>MCDONALD, ESQ., JACK<br>2875 SO. OCEAN BLVD, #200<br>PALM BEACH, FL 33480 |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | 2ND VICE CHAIRMAN<br>REEVES, BRIAN<br>2840 SO-OCEAN BLVD #600                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | CD<br>FRANK, GERALD<br>2875 SO. OCEAN BLVD, #200<br>PALM BEACH, FL 33480         |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SECRETARY<br>RUBIN, PHIL<br>3460 SO OCEAN BLVD #W716                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TD<br>PANFEL, BERNARD<br>2875 SO. OCEAN BLVD<br>PALM BEACH, FL 33480             |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TREASURER<br>KING, WILLIAM<br>2850 SO OCEAN BLVD #502                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | CD<br>DAVIS, BEVERLY<br>2778 SO OCEAN BLVD #208N<br>PALM BCH, FL 33480           |   | _____  |  |  |
| 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>SIGNATURE:</b> _____ <i>W. King</i> <b>2/17/04</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |   |  |  |  |
| Date <b>(561) 586-7141</b>  |  |   |  |  |  |