

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 737617**

1. Entity Name

**THE PALM BEACH CIVIC ASSOCIATION'S AWARD  
FOUNDATION IN MEMORY OF RAYMOND J. KUNKEL,  
INC.**



Principal Place of Business

**139 NORTH COUNTY RD  
STE 33  
PALM BEACH, FL 33480 US**

Mailing Address

**139 NORTH COUNTY RD  
STE 33  
PALM BEACH, FL 33480 US**



01052006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-1683860**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BROGAN, JOHN  
400 N. FLAGLER DRIVE., #1905  
WEST PALM BEACH, FL 33480**

**DO NOT WRITE  
IN THIS SPACE**

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

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**

10. OFFICERS AND DIRECTORS

TITLE

VD

NAME

CLUETT, HELEN S

STREET ADDRESS

217 EMERALD LANE

CITY-ST-ZIP

PALM BEACH, FL 33480

TITLE

STD

NAME

BROGAN, JOHN

STREET ADDRESS

400 N FLAGLER DR., #1905

CITY-ST-ZIP

WEST PALM BEACH, FL 33401

TITLE

PD

NAME

RUMBOUGH, STANLEY M JR

STREET ADDRESS

44 COCONUT ROW SUITE B 103

CITY-ST-ZIP

PALM BEACH, FL 33480

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

U00000389367  
01/23/06-80006-015 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:

**Stanley M. Rumbough Jr**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**Jan 12, 2006**

Daytime Phone #

**561-655-08**