2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 08:00 AM
Secretary of State

DOCUMENT # F94000002761

1. Entity Name
CONFRERIE DE LA CHAINE DES ROTISSEURS
BAILLIAGE DE PALM BEACH, INC.

Principal Place of Business	Mailing Address
800 LINCOLN SQUARE 121 S. 13TH ST., P.O. BOX 82028 LINCOLN, NE 68501	350 ROYAL PALM WAY SUITE 403 PALM BCH, FL 33480-4308

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01262006 No Chg-NP CR2E037 (11/05)

4. FEI Number
22-3335680
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GORDON, LEE B
350 ROYAL PALM WAY #403
PALM BEACH, FL 33480-4308

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	PCD
NAME	GORDON, ROBERT G
STREET ADDRESS	350 ROYAL PALM WAY
CITY-ST-ZIP	PALM BEACH, FL
TITLE	VD
NAME	GORDON, SCOTT
STREET ADDRESS	350 ROYAL PALM WAY
CITY-ST-ZIP	PALM BEACH, FL
TITLE	VD
NAME	BASIL, DANIELLE
STREET ADDRESS	2062 CEZANNE ROAD
CITY-ST-ZIP	WEST PALM BEACH, FL
TITLE	VD
NAME	GOLDBERG, EUGENE
STREET ADDRESS	11796 MAIDSTONE DRIVE
CITY-ST-ZIP	WEST PALM BEACH, FL
TITLE	D
NAME	PONTON, DANIEL
STREET ADDRESS	215 PERUVIAN AVE
CITY-ST-ZIP	PALM BCH, FL
TITLE	D
NAME	GORDON, ARLETTE
STREET ADDRESS	980 NORTH LAKE WAY
CITY-ST-ZIP	PALM BEACH, FL

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02/22/06-80038-018 70.00

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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: [signature] President 3/6/06 (561)833-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #