


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N00000004879</b> 1. Entity Name <b>PALM BEACH GUARDIANSHIP ASSOCIATION, INC.</b>	
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Principal Place of Business <b>710 FIRST AVE S LAKE WORTH, FL 33460</b>	Mailing Address <b>710 FIRST AVE S LAKE WORTH, FL 33460</b>
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**DO NOT WRITE IN THIS SPACE**



01202008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>65-1048294</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**CURTIS, ROGERS  
710 FIRST AVE SOUTH  
LAKE WORTH, FL 33460**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EAKIN, LEE 1674 ROY DR WEST PALM BEACH, FL 33415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD POLNY, KAREN 9770 SOUTH MILITARY TR B7 #202 BOYNTON BEACH, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHOOLMASTER, CINDY 4760 JOG RD GREENACRES, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROGERS, CURTIS 710 FIRST AVE S LAKE WORTH, FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U000000784681  
01/28/08-80017-017 61.25

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:**  **20 JAN 08 561 808 8551**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #