

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004982

FILED
Apr 21, 2008
Secretary of State

Entity Name: PORT EVERGLADES ASSOCIATION PAC, INC.

Current Principal Place of Business:

ATTN: MARGARET KEMPEL
1850 ELLER DRIVE SUITE 405
PORT EVERGLADES, FL 33316

New Principal Place of Business:

Current Mailing Address:

ATTN: MARGARET KEMPEL
1850 ELLER DRIVE SUITE 405
PORT EVERGLADES, FL 33316

New Mailing Address:

FEI Number: 65-1027958

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEMPEL, MARGARET
1850 ELLER DRIVE SUITE 405
PORT EVERGLADES, FL 33316 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SPENCER, NORMAN
Address: 1850 ELLER DRIVE SUITE 405
City-St-Zip: PORT EVERGLADES, FL 33316

Title: D () Delete
Name: KEMPEL, MARGARET
Address: 1850 ELLER DRIVE SUITE 405
City-St-Zip: PORT EVERGLADES, FL 33316

Title: D () Delete
Name: JONES, RAY
Address: 1850 ELLER DRIVE SUITE 500
City-St-Zip: PORT EVERGLADES, FL 33316

Title: D () Delete
Name: ROGACKI, FRED
Address: 1850 ELLER DRIVE SUITE 405
City-St-Zip: PORT EVERGLADES, FL 33316

Title: D () Delete
Name: STIRN, SALLY
Address: 1850 ELLER DRIVE SUITE 405
City-St-Zip: PORT EVERGLADES, FL 33316

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: JONES, RAY
Address: 1850 ELLER DRIVE SUITE 405
City-St-Zip: PORT EVERGLADES, FL 33316

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGARET KEMPEL

D

04/21/2008

Electronic Signature of Signing Officer or Director

Date