2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2010
Secretary of State

DOCUMENT# N00000004982

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
Name: FITZGERALD, JEAN
Address: 1850 ELLER DRIVE SUITE 405
City-St-Zip: PORT EVERGLADES, FL 33316

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

Title: D
Name: MCNALLY, PHIL
Address: 1850 ELLER DRIVE SUITE 405
City-St-Zip: PORT EVERGLADES, FL 33316

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

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

I hereby 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 all other like empowered.

SIGNATURE: MARGARET KEMPEL ASD 04/22/2010

Electronic Signature of Signing Officer or Director Date