

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005262

FILED  
Mar 02, 2009  
Secretary of State

**Entity Name:** PARROT HEADS FOR THE PALM BEACHES, INC.

**Current Principal Place of Business:**

130 MILTON STREET  
LANTANA, FL 33462

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 21084  
WEST PALM BEACH, FL 33416

**New Mailing Address:**

**FEI Number:** 65-1037833

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PARIS, ANN  
130 MILTON STREET  
LANTANA, FL 33462 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: PD ( ) Delete  
Name: PARIS, ANN  
Address: 130 MILTON STREET  
City-St-Zip: LANTANA, FL 33462

Title: TD ( ) Delete  
Name: HAWKINS, LINDA  
Address: 456 INGLEWOOD DRIVE  
City-St-Zip: PALM SPRINGS, FL 33461 US

Title: S ( ) Delete  
Name: PORTERFIELD, DIANE  
Address: 6902 ATHENA DR  
City-St-Zip: LAKE WORTH, FL 33463

Title: MD ( ) Delete  
Name: DUNNE, KAREN WILL  
Address: 1023 NO K ST  
City-St-Zip: LAKE WORTH, FL 334602233

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

Title: VP ( ) Change (X) Addition  
Name: HATAKEYAMA, KYLE  
Address: 7177 CATALINA ISLE DRIVE  
City-St-Zip: LAKE WORTH, FL 33467

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: LINDA HAWKINS

TD

03/02/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date