2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005778

SPINRAD, RUBEN

4 EAST PORT ROAD

RIVIERA BEACH, FL

Name:

Address:

City-St-Zip:

Entity Name: PALM BEACH SEAPORT ASSOCIATION, INC.

FILED Feb 29, 2004 Secretary of State

Current P	rincipal Place	e of Business:	New Principal P	New Principal Place of Business:	
200 DR MARTIN LUTHER KIND JR RIVIERA BEACH, FL 33404				200 DR MARTIN LUTHER KING JR RIVIERA BEACH, FL 33404	
Current N	lailing Addre	ss:	New Mailing Ad	New Mailing Address:	
200 DR MARTIN LUTHER KIND JR RIVIERA BEACH, FL 33404			200 DR MARTIN LUTHER KING JR RIVIERA BEACH, FL 33404		
FEI Number	: 03-0384354	FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
4 EAST P	PINARO , ESC ORT ROAD BEACH, FL 33	Q, TROPICAL SHOPPING 404			
	e named entity e of Florida.	submits this statement for the	purpose of changing its regi	stered office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	COLLIER, TER	N LUTHER KIND JR	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VPD (DIAS, GLEN PO BOX 9318 RIVIERA BEAC) Delete CH, FL 33419	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	GOLD, TINA) Delete IN LUTHER KING JR. BLVD. IH, FL 33404	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	TD () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Name:

Address:

City-St-Zip:

SIGNATURE: TERRY COLLIER PD 02/29/2004