

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005778

FILED
Apr 09, 2007
Secretary of State

Entity Name: PALM BEACH SEAPORT ASSOCIATION, INC.

Current Principal Place of Business:

200 DR MARTIN LUTHER KING JR
RIVIERA BEACH, FL 33404

New Principal Place of Business:

Current Mailing Address:

200 DR MARTIN LUTHER KING JR
RIVIERA BEACH, FL 33404

New Mailing Address:

FEI Number: 03-0384354

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RUBEN SPINRAD, ESQ, TROPICAL SHOPPING
4 EAST PORT ROAD
RIVIERA BEACH, FL 33404 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: COLLIER, TERRY
Address: 200 DR MARTIN LUTHER KING JR
City-St-Zip: RIVIERA BEACH, FL 33404

Title: VPD () Delete
Name: DIAS, GLEN
Address: PO BOX 9318
City-St-Zip: RIVIERA BEACH, FL 33419

Title: SD () Delete
Name: DAWN, HOLLIE
Address: PO BOX 9728
City-St-Zip: RIVIERA BEACH, FL 33404

Title: TD () Delete
Name: SPINRAD, RUBEN
Address: 4 EAST PORT ROAD
City-St-Zip: RIVIERA BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: JACK, BAHL
Address: PO BOX 9728
City-St-Zip: RIVIERA BEACH, FL 33404

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

I hereby certify that the information supplied with this filing does not qualify for the 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: TERRY K. COLLIER

PD

04/09/2007

Electronic Signature of Signing Officer or Director

Date