

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000005778

1. Entity Name

PALM BEACH SEAPORT ASSOCIATION, INC.



Principal Place of Business

200 DR MARTIN LUTHER KING JR  
RIVIERA BEACH, FL 33404

Mailing Address

200 DR MARTIN LUTHER KING JR  
RIVIERA BEACH, FL 33404

**FILED**  
**Jul 07, 2008 08:00 AM**  
**Secretary of State**



07022008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

03-0384354

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

RUBEN SPINRAD, ESQ, TROPICAL SHOPPING  
4 EAST PORT ROAD  
RIVIERA BEACH, FL 33404DO NOT WRITE  
IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution ☐**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE PD  
NAME COLLIER, TERRY  
STREET ADDRESS 200 DR MARTIN LUTHER KING JR  
CITY-ST-ZIP RIVIERA BEACH, FL 33404

TITLE VPD  
NAME DIAS, GLEN  
STREET ADDRESS PO BOX 9318  
CITY-ST-ZIP RIVIERA BEACH, FL 33419

TITLE SD  
NAME JACK, BAHL  
STREET ADDRESS PO BOX 9728  
CITY-ST-ZIP RIVIERA BEACH, FL 33404

TITLE TD  
NAME SPINRAD, RUBEN  
STREET ADDRESS 4 EAST PORT ROAD  
CITY-ST-ZIP RIVIERA BEACH, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000953554  
07/07/08-80002-022 61.25

DO NOT WRITE  
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Terry Collier

7/03/08

Date

561-784-3384

Daytime Phone #