2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006
Secretary of State

DOCUMENT# N01000008178

Entity Name: COLLABORATIVE DIVORCE LAWYERS ASSOCIATION OF PALM BEACH COUNTY, INC.

Current Principal Place of Business:

2000 GLADES ROAD
SUITE 110
BOCA RATON, FL 33431 US

New Principal Place of Business:

Current Mailing Address:

2000 GLADES ROAD
SUITE 110
BOCA RATON, FL 33431 US

New Mailing Address:

FEI Number: 01-0675265 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEBLANC, ROBIN B ESQ.
2000 GLADES ROAD
SUITE 110
BOCA RATON, FL 33431 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:	ROSE, JEANNE P	
Address:	999 SW 17TH STREET	
City-St-Zip:	BOCA RATON, FL 33486 US	
Title:	VP	( ) Delete
Name:	BARTMAN, JOY A ESQ	
Address:	1515 N. FEDERAL HWY. STE 300	
City-St-Zip:	BOCA RATON, FL 33432 US	
Title:	SD	( ) Delete
Name:	HENNESSEY, LYNNE K	
Address:	2255 GLADES RD., STE 226 A	
City-St-Zip:	BELLE GLADE, FL 33430 US	
Title:	TD	( ) Delete
Name:	LEBLANC, ROBIN B ESQ.	
Address:	2000 GLADES ROAD SUITE 110	
City-St-Zip:	BOCA RATON, FL 33431 US	
Title:	VP	( ) Delete
Name:	LEZARK, JEFFREY	
Address:	6499 POWERLINE ROAD, SUITE 101	
City-St-Zip:	FORT LAUDERDALE, FL 33309 US	

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:	( ) 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: ROBIN LE BLANC TD 03/27/2006

Electronic Signature of Signing Officer or Director — Date