

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2008 08:00 A
Secretary of State

DOCUMENT # N02000000219

1. Entity Name
PALM BEACH GARDENS RESIDENTS COALITION, INC.



Principal Place of Business
**1045 SHADY LAKES CIRCLE
PALM BEACH GARDENS, FL 33418 US**

Mailing Address
**1045 SHADY LAKES CIRCLE
PALM BEACH GARDENS, FL 33418 US**



04152008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
74-3098821

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TUCKER, EILEEN
1045 SHADY LAKES CIRCLE
PALM BEACH GARDENS, FL 33418**

**DO 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 May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DVP
NAME	AUERBACH, PAUL I
STREET ADDRESS	11215 CURREY DRIVE
CITY- ST- ZIP	PALM BEACH GARDENS, FL 33418
TITLE	PD
NAME	BRADY, TERENCE
STREET ADDRESS	4409 LACEY OAK DRIVE
CITY- ST- ZIP	PALM BEACH GARDENS, FL 33410
TITLE	SD
NAME	FARRELL, MARY
STREET ADDRESS	8523 DOVERBROOK DRIVE
CITY- ST- ZIP	PALM BEACH GARDENS, FL 33410
TITLE	DT
NAME	TUCKER, EILEEN
STREET ADDRESS	1045 SHADY LAKES CIR
CITY- ST- ZIP	PALM BEACH GARDENS, FL 33418
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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05/05/08-80014-018 61.25

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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:

Eileen Tucker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/15/08

Daytime Phone #

561-775-2734