

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000219

FILED
Apr 19, 2009
Secretary of State

Entity Name: PALM BEACH GARDENS RESIDENTS COALITION, INC.

Current Principal Place of Business:

1045 SHADY LAKES CIRCLE
PALM BEACH GARDENS, FL 33418 US

New Principal Place of Business:

Current Mailing Address:

1045 SHADY LAKES CIRCLE
PALM BEACH GARDENS, FL 33418 US

New Mailing Address:

FEI Number: 74-3098821

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TUCKER, EILEEN
1045 SHADY LAKES CIRCLE
PALM BEACH GARDENS, FL 33418 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: DVP () Delete
Name: AUERBACH, PAUL I
Address: 11215 CURREY DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: PD () Delete
Name: BRADY, TERENCE
Address: 4409 LACEY OAK DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: SD () Delete
Name: FARRELL, MARY
Address: 8523 DOVERBROOK DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: DT () Delete
Name: TUCKER, EILEEN
Address: 1045 SHADY LAKES CIR
City-St-Zip: PALM BEACH GARDENS, FL 33418

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:

I hereby certify that the information supplied with this filing does not qualify 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: TERENCE BRADY

PRES

04/19/2009

Electronic Signature of Signing Officer or Director

Date