

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

03-23-2004 90015 024 \*\*\*\*61.25

<b>DOCUMENT # N02000003119</b>					
<b>1. Entity Name</b> PALM BEACH COUNTY SCHOOL ADMINISTRATORS' EDUCATION ASSOCIATION, INC.					
<b>Principal Place of Business</b> 240 W. 19TH STREET RIVIERA BEACH FL 33404 US			<b>Mailing Address</b> 240 W. 19TH STREET RIVIERA BEACH FL 33404 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 59-0673306	
Zip		Country		Applied For Not Applicable	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  SINGER, MICHAEL S 3801 PGA BLVD., SUITE 802 PALM BEACH GARDENS FL 33410			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
<b>8.</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW - FEE IS \$61.25</b> <b>Due By May 1, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> PD <b>NAME</b> MCGEE, LYNN K <b>STREET ADDRESS</b> 15101 BENT CREEK RD. <b>CITY-ST-ZIP</b> WELLINGTON FL 33415	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> VPD <b>NAME</b> BAGAN, PATRICIA <b>STREET ADDRESS</b> 4200 PURDY LANE <b>CITY-ST-ZIP</b> PALM SPRINGS FL 33461	<input type="checkbox"/> Delete				
<b>TITLE</b> SD <b>NAME</b> STIMMLER, LISA <b>STREET ADDRESS</b> 64 SPARROW DRIVE <b>CITY-ST-ZIP</b> ROYAL PALM BEACH FL 33411	<input type="checkbox"/> Delete				
<b>TITLE</b> TD <b>NAME</b> PEPPERS, ANDREA <b>STREET ADDRESS</b> 2222 SPRUCE AVENUE <b>CITY-ST-ZIP</b> BOCA RATON FL 33498	<input type="checkbox"/> Delete				
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>TITLE</b> PD <b>NAME</b> Bagan, Patricia <b>STREET ADDRESS</b> 4200 Purdy Lane <b>CITY-ST-ZIP</b> Palm Springs, FL 33461	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> VPD <b>NAME</b> Mario Crocetti <b>STREET ADDRESS</b> 1100 Aero Club Drive <b>CITY-ST-ZIP</b> Wellington, FL 33414	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>12.</b> I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> <u>Mr. Andrea B. Peppers</u> <u>April 01, 2004</u> <u>(561) 845-0250</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					