

CHK 1181

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # N02000003119



1. Entity Name  
PALM BEACH COUNTY SCHOOL ADMINISTRATORS'  
EDUCATION ASSOCIATION, INC.

Principal Place of Business  
240 W. 19TH STREET  
RIVIERA BEACH, FL 33404 US

Mailing Address  
2222 SPRUCE AVE  
WEST PALM BEACH, FL 33407 US



01102006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-0673306	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**6. Name and Address of Current Registered Agent**

SINGER, MICHAEL S  
3801 PGA BLVD., SUITE 802  
PALM BEACH GARDENS, FL 33410

**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, 2006**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SWEARINGTON, RICK 6069 MOONBEAM DR LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BELL, DIANE 956 FLORIDA MANGO RD WEST PALM BEACH, FL 33498
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PEPPERS, ANDREA 2222 SPRUCE AVENUE BOCA RATON, FL 33498
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CROCETTI, MARIO 1100 AERO CLUB DRIVE WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000384166  
01/17/06-80001-007 70.00

**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: Andrea B. R. Peppers  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
ANDREA B. R. PEPPERS, TREASURER

01/10/06 (561) 856-231  
Date Daytime Phone #