2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008
Secretary of State

DOCUMENT# N02000004721

Entity Name: CAT CLUB OF THE PALM BEACHES, INC.

Current Principal Place of Business:

3240 JASMINE DR
DELRAY BEACH, FL 33483

New Principal Place of Business:

Current Mailing Address:

3240 JASMINE DR
DELRAY BEACH, FL 33483

New Mailing Address:

FEI Number: 65-0475016 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HELMOLD, KAREN
3240 JASMINE DR.
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

LANE, KAREN
3240 JASMINE DR.
DELRAY BEACH, FL 33483 US

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: KAREN LANE 04/14/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PTR ( ) Delete
Name: HELMOLD, KAREN
Address: 3240 JASMINE DR.
City-St-Zip: DELRAY BEACH, FL 33483

Title: VPTR ( ) Delete
Name: CAJIGAS, KELLI
Address: 12791 SW 108 STREET
City-St-Zip: MIAMI, FL 33186

Title: STR ( ) Delete
Name: BLACKWOOD, VIRGINIA
Address: 605 SE 10TH ST.
City-St-Zip: POMPANO BEACH, FL 33060

Title: TTR ( ) Delete
Name: BOULTER, STEPHANIE
Address: 119 NORTHRIVER DRIVE WEST
City-St-Zip: JUPITER, FL 33458

Title: D ( ) Delete
Name: BOYCE, KAREN
Address: 10555 WHEELHOUSE CIR.
City-St-Zip: BOCA RATON, FL 33428

Title: T ( ) Delete
Name: BOULTER, STEPHANIE
Address: 159 RIDGE ROAD
City-St-Zip: JUPITER, FL 33477

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTR (X) Change ( ) Addition
Name: LANE, KAREN
Address: 3240 JASMINE DR.
City-St-Zip: DELRAY BEACH, FL 33483

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TTR (X) Change ( ) Addition
Name: BOULTER, STEPHANIE
Address: 159 RIDGE ROAD
City-St-Zip: JUPITER, FL 33477

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: KAREN LANE PRS 04/14/2008
Electronic Signature of Signing Officer or Director Date