


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2006 8:00 am
Secretary of State

02-07-2006 90022 039 ****61.25

DOCUMENT # N03000001710	
1. Entity Name PALMETTO BAY BUSINESS ASSOCIATION, INC.	

Principal Place of Business 17415 S. DIXIE HWY. PALMETTO BAY, FL 33157-5491	Mailing Address 17415 S. DIXIE HWY. PALMETTO BAY, FL 33157-5491
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01112006 Chg-NP CR2E037 (11/05)

4. FEI Number 20-0670185		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LUDOVICI, EDWARD P 17415 S. DIXIE HWY. PALMETTO BAY, FL 33157-5491		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 _____ (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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD GORIN, ED <input checked="" type="checkbox"/> Delete 8264 SW 177TH TERR PALMETTO BAY, FL 33157	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD ELEANOR WINHOLD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 17415 S. DIXIE HWY PALMETTO BAY FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S YOUNG, DONNAT <input checked="" type="checkbox"/> Delete 18320 SW 97TH AVE. MIAMI, FL 33156	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOANN PARNIS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 17415 S. DIXIE HWY PALMETTO BAY FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NEIDHART, LOIS <input type="checkbox"/> Delete 16115 SW 117TH AVE., #10 MIAMI, FL 33177	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD PETTIT, MARY <input type="checkbox"/> Delete 15395 SW 89 COURT MIAMI, FL 33157	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P. F. Ludovici</i> <input type="checkbox"/> Delete 17415 S. DIXIE HWY MIAMI FL 33157	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: *[Signature]* **DATE:** 2/2/06 **DAYTIME PHONE #:** 305-235-2161